

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042890

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PRECISION LITHOGRAPHERS USA INC.

**Current Principal Place of Business:**

1590 N.E. 194TH ST.  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 630850  
MIAMI, FL 33163 US

**New Mailing Address:**

1590 N.E. 194TH ST.  
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 65-1098912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHONFELD, DAVID P  
1590 NE 194 ST  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHONFELD, DAVID P  
Address: 1590 NE 194 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: V ( ) Delete  
Name: SCHONFELD, ZVI-ELY  
Address: 1590 NE 194 ST  
City-St-Zip: NORTH MIAMI BECH, FL 33179 US

Title: S ( ) Delete  
Name: SCHONFELD, LIZBETH R.D.  
Address: 1590 NE 194 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SCHONFELD, ZVI-ELY  
Address: 9559 COLINS AVE. SUITE S-904  
City-St-Zip: SURFSIDE, FL 33154 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SCHONFELD

P

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date