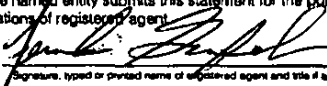


FILED
Apr 09, 2007 8:00 am
Secretary of State

3/2

03-23-2007 90025 030 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000041202 1. Entity Name PRECISION TINT, INC.		
Principal Place of Business 6313 S. DALE MABRY HWY. TAMPA, FL 33611		Mailing Address 6313 S. DALE MABRY HWY. TAMPA, FL 33611
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GAROFALO, FERNANDO 6313 S. DALE MABRY HWY. TAMPA, FL 33611		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  FERNANDO GAROFALO 4-5-07 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GAROFALO, FERNANDO 6313 S. DALE MABRY HWY. TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  FERNANDO GAROFALO 4-5-07 813-839-9601 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66008514



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3639430	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	