2005 FOR PROFIT CORPORATION

## FILED Jul 25, 2005 08:00 AM Secretary of State

JANNUAL REPURI				G (C)		
DOCU	MENT # P02000132		]	Sec	retary of State	
1. Entity Name						
MAIDA'S PRECISION CUT, INC.						
				•		
Principal Plac	e of Business	Mailing Address	<u> </u>	1		
1621 SAN M		1621 SAN MARCO RD				
	ND, FL 34145	MARCO ISLAND, FL 34145		1		
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			07172005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb	er	Applied For
				14-186		Not Applicable
}				5. Certificate	of Status Desired	\$8.75 Additional
	6. Name and Address of Current i	Registered Agent	T			Fee Required
	B. Name and Address of Carroller			The second secon		
SAHIN, MA		ļ	DO	NOT W	RITF	
1621 SAN MARCO RD MARCO ISLAND, FL 34145						
WARGO ISLAND, FL 34143			]	IN	THIS SP	ACE
8 The above	named entity submits this statement for	the purpose of changing its register	d office or register	red agent, or ho	th, in the State of Flo	rida. Lam familiar with, and accept
the obligat	ions of registered agent.					
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refinitating)  DATE						
FILE NOW!!! FEE IS \$150.00  Bue by September 7, 2005  9. Election Campaign Finar Trust Fund Contribution.			noing \$5.	.00 May Be	In accordance v	rith s. 607.193(2)(b), F.S., the
				ed to Fees	corporation did	not receive the prior notice.
10.	OFFICERS AND I	DIRECTORS	<u> </u>		WALLEST AND T	
TITLE	D	<del></del>		=		
NAME	SAHIN, MAIDA					
STREET ADDRESS CITY-ST-ZIP	1621 SAN MARCO RD MARCO ISLAND, FL 34145		1		HÚUUŨU	1374257 180002-012 150.M
TITLE	100 100 100 110	<del>•••••</del>		<u>=</u>	<u>07/25/05</u> -	·80002-012 150.101
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-05

2396424499

Daytime Phone I