


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90001 008 ***550.00

DOCUMENT # P03000004955	
1. Entity Name PRECISION MARINE WELDING, INC.	

Principal Place of Business 20872 N.W. 3RD COURT PEMBROKE PINES, FL 33029	Mailing Address 20872 N.W. 3RD COURT PEMBROKE PINES, FL 33029
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01000443



2. Principal Place of Business 5925 RAVENSWOOD RD Suite, Apt. #, etc. D 11	3. Mailing Address 4200 SHERIDAN ST Suite, Apt. #, etc. 204
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06282004 Chg-P CR2E034 (10/03)

City & State JANIA FL	City & State HOLLYWOOD FL
Zip 33312	Zip 33021
Country ISRAEL	Country ISRAEL

4. FEI Number 30-0173393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROOKS, WAYNE P 20872 N.W. 3RD COURT PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent Name CROOKS, Wayne P. Street Address (P.O. Box Number is Not Acceptable) 4200 SHERIDAN ST 204 City HOLLYWOOD FL Zip Code 33021

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

[Signature] x 06-25-04
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKS, WAYNE P 20872 N.W. 3RD COURT PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P WAYNE P CROOKS 4200 SHERIDAN ST #204 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] x 06-25-04
Date 954-260-8526