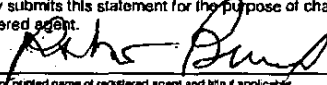


FILED
Jun 02, 2004 8:00 am
Secretary of State

04-26-2004 91026 030 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000061075			
1. Entity Name GEM PRECISION OF BOCA RATON, INC.			
Principal Place of Business 247 SE MIZNER BLVD BOCA RATON, FL 33432		Mailing Address 247 SE MIZNER BLVD BOCA RATON, FL 33432	
2. Principal Place of Business 247 S.E. Mizner Blvd Suite, Apt. #, etc. 43 City & State BOCA RATON, FL Zip 33432 Country U.S.A		3. Mailing Address 247 S.E. Mizner Blvd Suite, Apt. #, etc. 43 City & State BOCA RATON, FL Zip 33432 Country U.S.A	
4. FEI Number 27-0060975		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GEROW, JEFFREY S ESQUIRE 4800 N FEDERAL HWY STE 307B BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Robert Brizel Street Address (P.O. Box Number is Not Acceptable) 1021 IVES Dairy Road Suite, 220 City Miami FL Zip Code 33179	
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  DATE 5/26/04 Signature, typed or printed name of registered agent and into if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KRIKORIAN, CELESTE 247 SE MIZNER BLVD BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KRIKORIAN, FAZKEN 247 SE MIZNER BLVD BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date 4/23/04 Daytime Phone #	

FAZKEN KRIKORIAN