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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.

66426010

Principal Place of Business	Mailing Address
247 SE MIZNER BLVD BOCA RATON, FL 33432	247 SE MIZNER BLVD BOCA RATON, FL 33432

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
247 S.E. mizner BLVD	247 S.E. mizner BLVD
Suite, Apt. #, etc.: 43	Suite, Apt. #, etc.: 43
City & State: BocA RAtoN, FL	City & State: BocA RAtoN, FL
Zip: 33432 Country: U.S.A	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

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: [signature] DATE: 5/26/04

Signature, typed or printed name of registered agent and title 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
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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] 4/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAZKEN KRIKORIAN