


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000139492</b>		
1. Entity Name <b>PRECISION MASONRIES OF THE FLORIDA KEYS INC.</b>		
Principal Place of Business <b>58080 OVERSEAS HWY MARATHON, FL 33050-6023</b>		Mailing Address <b>58080 OVERSEAS HWY MARATHON, FL 33050-6023</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02152005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>83-0379191</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GIMENEZ, DIMITRI A JR 58080 OVERSEAS HWY MARATHON, FL 33050-6023</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000261179 03/12/05-80054-012 158.75
TITLE	D	
NAME	GIMENEZ, DIMITRI A JR	
STREET ADDRESS	58080 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL 330506023	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
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STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Dimitri A. Gimenez Jr.</i>		Date: <i>3/09/05</i> Daytime Phone #: <i>305-743-7196</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		