

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90513 016 \*\*\*158.75

DOCUMENT # **P04000080797**

1. Entity Name

**PRECISION PORTED SOLUTIONS GROUP, INC.**

**DO NOT WRITE IN THIS SPACE**

**50045185**

2. Principal Place of Business

**1350 ATLANTIC SHORES BLVD**

3. Mailing Address

**1350 ATLANTIC SHORES BLVD**

Suite, Apt. #, etc.

**303**

Suite, Apt. #, etc.

**303**

City & State

**HALLANDALE, FLORIDA**

City & State

**HALLANDALE, FLORIDA**

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

4. FEI Number

**20-1173190**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRENA, PA**

Street Address (P.O. Box Number is Not Acceptable)

**1840 SW 22 STREET**

**4TH FLOOR**

City

**MIAMI, FLORIDA**

**FL**

Zip Code

**33145**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT - TREASURER  
JAY OHA-JESIAN  
1350 ATLANTIC SHORES BLVD. #303  
HALLANDALE, FL. 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT-SECRETARY  
NICHOLAS FANELLI  
3114 SO. OCEAN BLVD. #804  
HIGHLAND BEACH, FL. 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jay Ohajesian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/05**  
Date

**561-414-1779**  
Daytime Phone #

CR2E034B (12/01)