

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 045 \*\*\*158.75

DOCUMENT # **P04000080797**

1. Entity Name

**PRECISION FORMED SOLUTIONS  
GROUP, INC.**



**DO NOT WRITE IN THIS SPACE**

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**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRERA PA**

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

**1840 SW 22 STREET**

**4TH FLOOR**

City

**MIAMI**

**FL**

Zip Code

**33145**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT - TREASURER	JAY OHANESIAN	1350 ATLANTIC SHORES BLVD #303	HALLANDALE, FL. 33009				
VICE PRESIDENT - SECRETARY	NICHOLAS FANELLI	3114 SW OCEAN BLVD. # 804	HIGHLAND BEACH, FL. 33487				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

**JAY OHANESIAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAY OHANESIAN**

**4/18/06 (941) 454-8807**

Date

Daytime Phone #