2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 09, 2005 8:00 am Secretary of State **DOCUMENT # P04000103048** 09-09-2005 90035 049 ***150.00 PRECISION PLUS MACHINING, INCORPORATED Principal Place of Business Mailing Address 2920 NW COMMERCE PARK DR BAY #4 2920 NW COMMERCE PARK DR BAY #4 JUUDDAUL BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIBERTO, JILL Street Address (P.O. Box Number is Not Acceptable) **82 PLANTATION BLVD** LAKE WORTH, FL 33467 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ₽ 4 ☐ Change TITLE Delete TEN F ☐ Addition LIBERTO, JASON NAME NAME STREET ADORESS 82 PLANTATION BLVD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

FILED

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 others in the receiver of trustee empowered.

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)(i), Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP