


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000086785</b> 1. Entity Name S.T. MACHINE INDUSTRY, INC.	
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Principal Place of Business 129 NW 13TH STREET D35 BOCA RATON, FL 33432	Mailing Address 129 NW 13TH STREET D35 BOCA RATON, FL 33432
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04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3037127	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  SMITH, PATRICK 129 NW 13TH STREET D35 BOCA RATON, FL 33432
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PATRICK 129 NW 13TH STREET D35 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGONIC, STANE PO BOX 801 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000721892 05/02/07-80009-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/18/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #