

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/24

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 009 ***150.00

DOCUMENT # P05000105737 1. Entity Name P.A.H. TOOLING OF FLORIDA CORPORATION					
Principal Place of Business 979 NW 126 PATH MIAMI, FL 33182			Mailing Address 979 NW 126 PATH MIAMI, FL 33182		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3292807	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALVARADO, MARIA M 1081 WEST 46 STREET HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARADO, MARIA M 1081 WEST 46 STREET HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, OSCAR 1081 WEST 46 STREET HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELIZ, CESAR E 1081 WEST 46 STREET HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABELLO, JUAN C 979 NW 126 PATH MIAMI, FL 33182	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 fee empowered.			SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 2-21-06 Daytime Phone # 305-512-4705		