

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080029

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: PRECISION MUSICAL PRODUCTS, INC.

## Current Principal Place of Business:

3960 SW 72 DR  
DAVIE, FL 33314

## New Principal Place of Business:

## Current Mailing Address:

3960 SW 72 DR  
DAVIE, FL 33314

## New Mailing Address:

P.O. BOX 220560  
HOLLYWOOD, FL 330220560

FEI Number: 20-5126447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, LEHRMANN  
3960 SW 72 DR  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEVY, LEHRMANN  
Address: 3960 SW 72 DR  
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete  
Name: LEVY, STACEY  
Address: 3960 SW 72 DR  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEHRMANN LEVY

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date