


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90030 019 \*\*\*158.75

<b>DOCUMENT # P07000044376</b>		
1. Entity Name <b>PRECISION BROKERAGE, INC.</b>		

Principal Place of Business <b>5036 DR. PHILLIPS BLVD #371 ORLANDO, FL 32819 US</b>	Mailing Address <b>5036 DR. PHILLIPS BLVD #371 ORLANDO, FL 32819 US</b>
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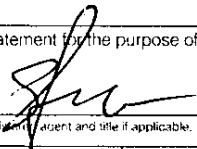
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40040308**

02252008 Chg-P CR2E034 (12/06)

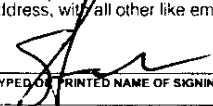
4. FEI Number <b>208077958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RUDNITSKY, LARRY 5036 DR. PHILLIPS BLVD #371 ORLANDO, FL 32819</b>	
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7. Name and Address of New Registered Agent Name <b>RUDNITSKY STAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5036 DR PHILLIPS BLVD</b> <b>#371</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>	
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 	DATE <b>2-29-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUDNITSKY, LARRY 5036 DR. PHILLIPS BLVD #371 ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUDNITSKY, STAN 5036 DR PHILLIPS BLVD #371 ORLANDO, FL 32819</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 	DATE <b>2-29-08</b> 4677392701