

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000001781

1. Entity Name

PRECISION WORKS INTERNATIONAL, INC.



07 MAR 15 PM 2:59
JENNIFER L. STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3530 E. FAIRVIEW ST
MIAMI FL 33133
US

Mailing Address

P.O. BOX 331138
COCONUT GROVE FL 33233-1138



2. Principal Place of Business - No P.O. Box #

3530 E. FAIRVIEW ST.

3. Mailing Address

3530 E. FAIRVIEW ST.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

SINCE 1992-93

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0384458

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required PLEASE

6. Name and Address of Current Registered Agent

REEP, BRUCE W
3530 E. FAIRVIEW STREET
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

SAME

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

Bruce W. Reep

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
REEP, BRUCE W
3530 E. FAIRVIEW ST.
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
400096005174
04/05/07--01044--023 **158.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bruce W. Reep*, BRUCE W. REEP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 305-858-6260

Date

Daytime Phone #