2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000014658

1. Entity Name

FLORIDA PRECISION AEROSPACE, INC.



Principal Place of Business

Mailing Address

821 NW 57TH PLACE

FORT LAUDERDALE, FL 33309 US

821 NW 57TH PLACE

FORT LAUDERDALE, FL 33309 US

FILED Apr 21, 2008 08:00 A Secretary of State



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03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0398210

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIBELLA, ALBERTO 3500 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308

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the obligat	tions of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000308085 05/06/08-80016-00	7 (50 nn
10. OFFICERS AND DIRECTORS				\$		
TITLE	DST					
NAME	DIBELLA, JOHN			<u>.</u>		
STREET ADDRESS	821 NW 57TH PLACE					
. CITY-ST-ZIPJ	FORT LAUDERDALE, FL 33309					
TITLE	DP		•			_

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

DIBELLA, ALBERTÓ NAME 3500 BAYVIEW DR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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 dispersion of the 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.

JOHN DIBELLA

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNIFICATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2008

954-421-6141

Daytime Phone #