2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P94000003967 1. Entity Name 04-07-2008 90028 030 ***158.75 SPEEDYCUT TAPPING MACHINES, INC. Mailing Address Principal Place of Business 400000× 1422 NW COMMERCE CENTRE DRIVE 1422 NW COMMERCE CENTRE DRIVE PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0462091 Not Applicable Zip Country $\mathbb{Z}|p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAFER, JEFFRY Street Address (P.O. Box Number is Not Acceptable) 1422 NW COMMERCE CENTRE DRIVE PORT ST. LUCIE FL 34986 Zip Code FI 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 Signature, typed or primed nation of registings agent and tine il amplicação, (NOTE: Registered Aperals grantum redumed when reinstating) DATE --- FILE NOW!!! FEE:IS \$150.00 -- 3 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE THLE ☐ Change ☐ Deicte ☐ Addition LAFER, JEFFRY MAME NAME STREET ADDRESS 1422 NW COMMERCE CENTRE DRIVE STREET ADDRESS PORT SAINT LUCIE FL 34986 CITY-ST-ZIP CITY-ST-ZIP VP/TREAS TITUE Daiete TITLE Change ☐ Addition LAFER ELEONORE W NAME NAME STREET ADDRESS STREET ADDRESS SAME AS ABOVE CITY-ST-ZIP CITY-ST-ZIP HULL Delete TITLE Change ☐ Addition MAMS NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 1000 ☐ De ete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OHY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition MAME NAME

ry filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information of and accuration that niny signature shall have the same legat effect as if made under oath, that I am an officer or director gred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block III 12. Thereby certify that the information supplied with a indicated on this report or supplemental report is of the corporation or the receiver or trustee em if changed, or on an attachment with an address wered to exe

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

(317-S1-20)

TITLE

NAME

SIGNATURE:

STREET ADORESS

STREET ADDRESS

OUV-\$1-7IP

CITY-S1-219

TIPLE

NAME

SIGNATURE AND TYPED OF

☐ Delete

☐ Change

Addition