

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 004 ***150.00

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1. Entity Name
SOUTHERN MICRO ETCH, INC.



Principal Place of Business
**610 NE 29TH ST.
POMPANO, FL 33064 US**

Mailing Address
**610 NE 29TH ST.
POMPANO, FL 33064 US**

20027173



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0592208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH R P.A.
3284 N STATE RD.7
LAUDERDALE LAKES, FL 32319**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WAGNER, WOLFGANG C
STREET ADDRESS	610 NE 29TH STREET
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VSD
NAME	MULLINS, ROBERT M
STREET ADDRESS	610 NE 29TH STREET
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Wolfgang Wagner **WOLFGANG WAGNER** 4-5-06 954-781-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #