

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000049822

1. Entity Name
PRECISION U.S.A., INC.



Principal Place of Business
**1070 DELRAY LAKES DR.
DELRAY BEACH, FL 33444 US**

Mailing Address
**1070 DELRAY LAKES DR.
DELRAY BEACH, FL 33444 US**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0672155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAVSIE, HERSCHEL
C/O GREENSPOON MARDER, P.A.
100 W CYPRESS CREEK RD, SUITE 700
FT LAUDERDALE, FL 33309**

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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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROUSSEAU, JACQUES
STREET ADDRESS	1070 DELRAY LAKES BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	P
NAME	ROUSSEAU, JACQUES
STREET ADDRESS	1070 DELRAY LAKES DR
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VST
NAME	GUILBEAULT, CHRISTIANE
STREET ADDRESS	1070 DELRAY LKS DR
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-80060-012 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/08 561-243-035