


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90047 012 ***150.00

DOCUMENT # P96000081296
 1. Entity Name
CUSTOM MACHINE SHOP, INC.



Principal Place of Business Mailing Address
436 S. KROME AVENUE **436 S. KROME AVENUE**
HOMESTEAD FL 33030 **HOMESTEAD FL 33030**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0738679** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
LAWRENCE, JIM
436 S. KROME AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	LAWRENCE, JIM	
STREET ADDRESS	436 S. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWRENCE, VALERIE	
STREET ADDRESS	436 S. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DROTAR, LOUIS J	
STREET ADDRESS	17990 SW 296 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIONDO, RYAN	
STREET ADDRESS	19800 SW 180 AVE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM LAWRENCE	
STREET ADDRESS	436 S KROME AVE	
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERIE LAWRENCE	
STREET ADDRESS	436 S KROME AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISETT RAVENTOS	
STREET ADDRESS	1061 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAIME RAVENTOS	
STREET ADDRESS	1061 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Valerie Lawrence 3-25-04 305-242-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #