



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90076 026 \*\*\*150.00

<b>DOCUMENT # P98000053578</b> 1. Entity Name <b>MICRO-TECH MANUFACTURING, INC.</b>					
Principal Place of Business <b>3233 SW 2ND AVE FORT LAUDERDALE, FL 33315</b>			Mailing Address <b>3233 SW 2ND AVE FORT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business - No P.O. Box # <b>3101 S. OCEAN DR</b>		3. Mailing Address <b>3101 S. OCEAN DR</b>		<div style="font-size: 24px; font-weight: bold;">40105051</div>  <div style="font-size: 12px;">04252007    Chg-P    CR2E034 (12/06)</div>	
Suite, Apt. #, etc. <b>1705</b>		Suite, Apt. #, etc. <b>APT 1705</b>			
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD FL</b>			
Zip <b>33019</b>		Zip <b>33019</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0843353</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LUSKI, MOSHE 1850 S OCEAN DR, # 2609 HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>LUSKI MOSHE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3101 S. OCEAN DR #1705</b> City <b>HOLLYWOOD</b> FL    Zip Code <b>33019</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUSKI, MOSHE 1850 S OCEAN DR, # 2609 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUSKI MOSHE 3101 S. OCEAN DR 1705 HOLLYWOOD FL 33019
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/23/07</b> Daytime Phone # <b>954-792-9818</b>		