

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000053578

1. Entity Name
MICRO-TECH MANUFACTURING, INC.



Principal Place of Business
3233 SW 2ND AVE
FORT LAUDERDALE, FL 33315

Mailing Address
3233 SW 2ND AVE
FORT LAUDERDALE, FL 33315

2. Principal Place of Business - No P.O. Box #
3101 S. OCEAN DR
Suite, Apt. #, etc.
1705
City & State
HOLLYWOOD FL
Zip 33019 Country USA
3. Mailing Address
3101 S. OCEAN DR
Suite, Apt. #, etc.
APT 1705
City & State
HOLLYWOOD FL
Zip 33019 Country USA

04252007 Chg-P CR2E034 (12/06)

40105051



4. FEI Number
65-0843353
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUSKI, MOSHE
1850 S OCEAN DR, # 2609
HALLANDALE, FL 33009

Name LUSKI MOSHE
Street Address (P.O. Box Number is Not Acceptable)
3101 S. OCEAN DR #1705
City HOLLYWOOD FL Zip Code 33019

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07 954-792-9818