


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**ENTERED 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000070193		
1. Entity Name ADVANCED INTERNATIONAL MACHINING, INC.		
Principal Place of Business	Mailing Address	
3251-A SW 13TH DRIVE DEERFIELD BEACH, FL 33442	3251-A SW 13TH DRIVE DEERFIELD BEACH, FL 33442	



**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0859350	Applied For Not Applicable
-----------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

STRONG, JEFFREY W  
1059 S.W. 30TH AVE.  
DEERFIELD, FL 33442

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	STRONG, JEFFREY W
STREET ADDRESS	3251-A SW 13TH DR
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000205047  
01/31/05-80027-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 (954) 420-0949  
Date Daytime Phone #