## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P99000026260 CNCALIPER PRECISION CORP.** Principal Place of Business Mailing Address 3901 WEST 18TH AVE 3901 WEST 18TH AVE UNIT 903A UNIT 903A HIALEAH, FL 33012 US HIALEAH, FL 33012 US 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0908980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CARBALLOSA, ORLANDO DO NOT WRITE 3901 WEST 18TH AVE **UNIT 903A** IN THIS SPACE HIALEAH, FL 33012 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 9. Election Campaign Financing \$5.00 May Be U000000928863 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/21/08-80045-019 150.00 OFFICERS AND DIRECTORS 10. TITLE CARBALLOSA, ORLANDO NAME STREET ADDRESS 3901 WEST 18TH AVE CiTY-ST-ZIP UNIT 903A, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

esident