


# FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90093 007 \*\*\*150.00

<b>DOCUMENT # S39948</b>	
1. Entity Name <b>MARTIN PRECISE PRODUCTS CORPORATION</b>	

Principal Place of Business <b>2070 TIGERTAIL BLVD STE EE2 DANIA, FL 33004 US</b>	Mailing Address <b>2070 TIGERTAIL BLVD STE EE2 DANIA, FL 33004 US</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0251120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIANO J.  
1985 NW 88TH CT STE 101  
MIAMI, FL 33172**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ONDEVIL, ALEJANDRO 2070 STE AA3 TIGERTAIL BLVD DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENKOFFSKY, MORRIS 2070 TIGERTAIL BLVD STE EE2 DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENKOFFSKY, RHODA 2070 TIGERTAIL BLVD ST EE2 DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*Correct spell  
Name is  
Lenkoffsky*

**DO NOT WRITE IN THIS SPACE**

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: *Morris Lenkoffsky* 1/23/06 9549290360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #