


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2005 08:00 AM
Secretary of State


DOCUMENT # 532491
 1. Entity Name
ACTION PLATING CORP.



Principal Place of Business Mailing Address
 1212-1230 ALI-BABA AVENUE 1230 ALI-BABA AVENUE
 OPA LOCKA FL 33054-3613 OPA LOCKA FL 33054-3613
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-1736966 Not Applicable

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

6. Name and Address of Current Registered Agent
BAIN, WILLIAM F.
1101 MEADOWLARK AVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BAIN, WILLIAM J	
STREET ADDRESS	1101 MEADOWLARK AVE	
CITY- ST- ZIP	MIAMI SPRINGS FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAIN, LARRY C	
STREET ADDRESS	961 BLUEBIRD AVENUE	
CITY- ST- ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAIN, GLENNE	
STREET ADDRESS	690 ASTER WAY	
CITY- ST- ZIP	WESTON FL 33327	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAIN, MARK A	
STREET ADDRESS	1007 HUNTINGLODGE DRIVE	
CITY- ST- ZIP	MIAMI SPRINGS FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000269648	
CITY- ST- ZIP	03/19/05-80020-002 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **WILLIAM J. BAIN** 3/16/05 (305) 685-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #