


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 636735
 1. Entity Name
MIAMI ALUMINIUM, INC.



Principal Place of Business 2120 N.W. 14TH AVENUE MIAMI, FL 33142	Mailing Address 2120 N.W. 14TH AVENUE MIAMI, FL 33142
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02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2054351	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVINE, DAVID
 1150 N.W. 72ND AVE.
 SUITE 475
 MIAMI, FL 33126

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KOPSTEIN, ROY 2120 N.W. 14 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KOPSTEIN, SADIE 2120 N.W. 14 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD NOVAS, BETTY 2120 N.W. 14 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 02/19/04-80056-004 150.00

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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: Betty Novas 2/17/04 305-226-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #