


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # K21716 1. Entity Name TIM'S ALUMINUM CORPORATION |  |
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|--|--|
| Principal Place of Business 22497 SW 258TH STREET MIAMI FL 33031 | <input checked="" type="checkbox"/> Mailing Address 22497 SW 258TH STREET MIAMI FL 33031 |
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1st MOORE CR2E034 (10/04)

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| 2. Principal Place of Business Suites, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---------------------------------|---|
| 4. FEI Number 65-0069902 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHOOS, S. SCOTT SUITE 312, COMMUNITY PLAZA BLDG 15600 SW 288 ST HOMESTEAD FL 33033 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | C <input type="checkbox"/> Delete LEUNG, SAU CHI CHAN 22497 SW 258TH STREET MIAMI FL 33031 |
| TITLE | TD <input type="checkbox"/> Delete LEUNG, HOO TIM 22497 SW 258TH STREET MIAMI FL 33031 |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000276667 03/25/05-80049-006 158.75 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 all other like empowered.

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|---|----------------------|--------------------------------------|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: 3/14/05 | Daytime Phone #: 305 247 4707 |
|---|----------------------|--------------------------------------|