2006 FOR PROFIT CORPORÁTION ANNUAL REPORT

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # K21716 1. Entity Name TIM'S ALUMINUM CORPORATION Mailing Address Principal Place of Business 22497 SW 258TH STREET 22497 SW 258TH STREET MIAMI, FL 33031 MIAMI, FL 33031 No Chg-P CR2E034 (11/05) 01072006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0069902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CHOOS, S. SCOTT DO NOT WRITE SUITE 312, COMMUNITY PLAZA BLDG 15600 SW 288 ST IN THIS SPACE HOMESTEAD, FL 33033 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 liftle if applicable. (NOTE, Registered Agent signature required when reinstating) 3. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEUNG, SAU CHI CHAN NAME STREET ACCRESS 22497 SW 258TH STREET CITY-ST-ZIP MIAMI, FL 33031 HIDDO0495220 mæ 04/20/06 80001-017 158.75 LEUNG, HOO TIM NAME STREET ADDRESS 22497 SW 258TH STREET MIAMI, FL 33031 C(TY-ST-7)P ITILE MANUF STREET ADDRESS DO NOT WRITE CHY-51-77 IN THIS SPACE TITLE MARKET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it made under cettly 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 attackment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET AUDICESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Mer 28

2006

FILED

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