


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # K21716	
1. Entity Name TIM'S ALUMINUM CORPORATION	

Principal Place of Business 22497 SW 258TH STREET MIAMI, FL 33031	Mailing Address 22497 SW 258TH STREET MIAMI, FL 33031
---	---



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT
 SUITE 312, COMMUNITY PLAZA BLDG
 15600 SW 288 ST
 HOMESTEAD, FL 33033

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 _____ 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEUNG, SAU CHI CHAN 22497 SW 258TH STREET MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEUNG, HOO TIM 22497 SW 258TH STREET MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000669302
 03/27/07-80066-006 158.75

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:  Date: 3/10/07 Daytime Phone #: 305 247 4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR