

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M62581

1. Entity Name
UNITED METALS INTERNATIONAL, INC.



Principal Place of Business
**30 W MASHTA DR STE 600
P. O. BOX 530
KEY BISCAVNE, FL 33149**

Mailing Address
**P. O. BOX 530
KEY BISCAVNE, FL 33149**

DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0012756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA CRUZ, LUIS F., JR.
300 SEVILLA AVENUE
SUITE 313
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000912285
05/07/08 00075 000 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LORIDO, RAMON S
745 MYRTLEWOOD LN
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LORIDO, JOSE R.
540 SABAL PALM DR
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LORIDO, JOSE R
540 SABAL PALM DR
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08 3053616624