


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90188 044 \*\*\*158.75

DOCUMENT # P01000058169  
 1. Entity Name  
**AFFORDABLE METAL INC.**



Principal Place of Business      Mailing Address  
 3740 NW 78TH STREET      3740 NW 78TH STREET  
 BAY 4      BAY 4  
 HIALEAH, FL 33147      HIALEAH, FL 33147

**44044907**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

02042004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1112957**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GONZALEZ, ALICIA**  
**14820 DADE PINE AVENUE**  
**MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent  
 Name **SILVIO MONRABAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14820 DADE PINE AVE.**  
 City **MIAMI LAKES**      FL      Zip Code **33014**

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 **SILVIO MONRABAL**      *[Signature]*      DATE **4/30/04**  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GONZALEZ, ALICIA STREET ADDRESS 503 E 39 ST CITY-ST-ZIP HIALEAH, FL 33013	<input type="checkbox"/> Delete	TITLE PTA NAME SILVIO MONRABAL STREET ADDRESS 14820 DADE PINE AVENUE CITY-ST-ZIP MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EUROPA, MARILYN STREET ADDRESS 5811 SW 88 TERR CITY-ST-ZIP COOPER CITY, FL 33328	<input type="checkbox"/> Delete	TITLE VIT NAME EDUARDO VILLACORTA STREET ADDRESS 5811 S.W. 88 TER. CITY-ST-ZIP COOPER CITY, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 address, with all other like empowered.  
 SIGNATURE: **EDUARDO VILLACORTA**      *[Signature]*      DATE **4/30/04**      DAYTIME PHONE # **305 691 8082**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #