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### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

05 NOV -2 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14013746



**REINSTATE FEE 05**

<b>DOCUMENT # P04000138758</b>					
1. Entity Name ABC ALUMINUM PRECISION CORP.					
Principal Place of Business P O BOX 742 POMPANO BEACH, FL 33061			Mailing Address P O BOX 742 POMPANO BEACH, FL 33061		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3728354	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, FAUSTINO 4770 NW 18 AVE POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, FAUSTINO		NAME		
STREET ADDRESS	4770 NW 18 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BACH, FL 33064		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALONSO, GRACIELA		NAME		
STREET ADDRESS	4770 NW 18 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BACH, FL 33064		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRANE, EDWARD		NAME		
STREET ADDRESS	4231 NW 90TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.					
SIGNATURE: <i>Faustino Diaz</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

NOV 1 2005 Mitchell

**ABC ALUMINUM PRECISION, CORP.**  
P.O. BOX 742 POMPANO BEACH, FL 33061

November 1, 2005

ATTN: Barbara  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

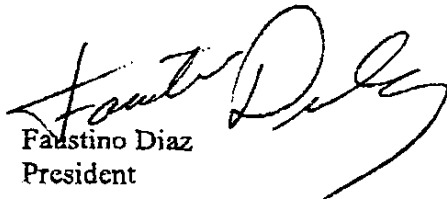
ABC Aluminum Precision, Corp.  
FEIN # 11-3728354  
P04000138758

To Whom It May Concern:

The purpose of this letter is to explain that a notice was sent requesting additional information, however such notice was not received on my behalf. The information required for the completion of the Annual Report is the FEIN #11-3728354. I ask that you please consider waiving the penalty fee due to the fact that no notice was received.

I thank you in advance for your help in this matter.

Sincerely,

  
Faustino Diaz  
President