

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010412

FILED
Jan 16, 2007
Secretary of State

Entity Name: MID-FLORIDA ALUMINUM INC.

Current Principal Place of Business:

5970 LAKEHURST DR
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7443 SPRING VILLAS CIRCLE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-2199873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CECILIA
7443 SPRING VILLAS CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, CECILIA
Address: 7443 SPRING VILLAS CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: T () Delete
Name: SILVA, EMILIA
Address: 4900 CASON COVE DR., APT. 306
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SILVA, EMILIA
Address: 1409 W. PRINCETON ST.
City-St-Zip: ORLANDO, FL 32804 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA GONZALEZ

P

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date