

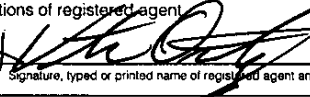



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 032 ***150.00

DOCUMENT # P99000003523 1. Entity Name E D RON METAL MFG INC.					
Principal Place of Business 1901 NW 32ND STREET #9 POMPANO BEACH, FL 33064			Mailing Address 1901 NW 32ND STREET #9 POMPANO BEACH, FL 33064		
2. Principal Place of Business 1901 NW 32ND STREET Suite, Apt. #, etc. 9		3. Mailing Address 1901 NW 32ND STREET Suite, Apt. #, etc. 9			
City & State POMPANO BEACH FL		City & State POMPANO BEACH, FL		4. FEI Number 65-0887972	
Zip 33064		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZDUNEK, ROLAND 11265 NW 45TH STREET CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name VICTOR ORTEGA Street Address (P.O. Box Number is Not Acceptable) 711 NE 31ST City POMPANO Bch. FL Zip Code 33064		
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:  VICTOR ORTEGA DATE: 2/3/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZDUNEK, ROLAND 11265 NW 45TH ST POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ORTEGA, VICTOR 711 NE 31ST STREET POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTEGA, VICTOR 711 NE 31ST STREET POMPANO Bch., FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(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 empowered.					
SIGNATURE:  VICTOR ORTEGA DATE: 2/8/05 DAYTIME PHONE: 954 410-9052 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					