

**2008 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 021 ***150.00

DOCUMENT # K49087 1. Entity Name ALLOYS INC.	
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Principal Place of Business 15955 NW 52ND AVE G & H MIAMI, FL 33014 US	Mailing Address 5780 SOESTERN COURT CHINO, CA 91710-7020
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0088112	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAISON, JASON N
15955 NW 52ND AVE
MIAMI, FL 33014

**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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURCOLOW, MARIA 5780 SOESTERN CT. CHINO, CA 91710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPELBERTSE ELBERTSE, RAYMOND 5780 SOESTERN CT CHINO, CA 91710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FURCOLOW FURCOLOW, MARIA 5780 SOESTERN CT. CHINO, CA 91710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELBERTSE, RAYMOND 5780 SOESTERN CT. CHINO, CA 91710
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: Maria Furcollow Raymond Elbertse 4-25-08 9095408820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #