


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 218608 1. Entity Name ALUMINUM DISTRIBUTING INC	
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Principal Place of Business 2930 SW 2ND AVE FT. LAUDERDALE, FL 33315 US	Mailing Address P.O. BOX 22007 FT. LAUDERDALE, FL 33335 US
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0858596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGEE, ELIZABETH F 2930 S.W. 2ND AVE. FORT LAUDERDALE, FL 33315	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000909068 05/06/08-80055-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FITZGERALD, JUNE G. 2930 SW 2ND AVE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGEE, ELIZABETH F 2930 SW 2ND AVE. FORT LAUDERDALE, FL 33315
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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: JUNE G. FITZGERALD *June G. Fitzgerald* 4-15-08 954-523-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #