


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 256411 1. Entity Name AMERICAN METAL FABRICATORS INC	
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Principal Place of Business 220 N.E. 13TH ST. POMPANO BEACH, FL 33060	Mailing Address 220 N.E. 13TH ST. POMPANO BEACH, FL 33060
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03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0948385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLEER, JAMES J., JR. 7704 NW 18 CT MARGATE, FL 33063
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEER, JAMES JR. 220 N.E. 13TH ST. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, KERRY 220 N.E. 13TH ST. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLEER, MICHELE 220 N.E. 13TH ST. POMPANO BEACH, FL 33060
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04/01/04-80026-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michele E Cleer Michele E Cleer 3/12/04 954981 2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #