2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State **DOCUMENT #309768** 1. Entity Name 03-07-2006 90011 037 ***150.00 ACME INDUSTRIAL SHEET METAL INC Principal Place of Business Mailing Address 555 WEST 18TH STREET 555 WEST 18TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 3. Mailing Address 2. Principal Place of Business 5722 S FLAMINGO 5722 5 FLAMING Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E034 (11/05) Cha-P **# 382** 尹 382 City & State City & State 4. FFI Number Applied For LAUDERDALE ドレ LAUSERSALE T 59-1151338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Brown Browars Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARP. ALAN KARP, ALAN Street Address (P.O. Box Number is Not Acceptable) 555 W 18TH ST HIALEAH, FL 33010 CityCOUPER Zip Code CITY 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. 2/6/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete MLE Change KARP, MARCIA MAME MARKET 3303 BRIDGE ROAD STREET ADDRESS 555 W 18TH ST STREET ADDRESS COOPER CITY , FU CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-70P IIILE Change ☐ Addition TITLE ☐ Delete KARP, ALAN NAME 555 W 18TH ST 3303 BRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33010 TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7IP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-70P CITY-51-712 Delete TITLE ☐ Change ☐ Addition πne NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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. 2/6/06 305-60-5463

OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 07, 2006 8:00 am