2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 29, 2008 8:00 am Secretary of State

DOCUMENT # 732830 1. Entity Name ALUMINUM ASSOCIATION OF FLORIDA, INC.					2008 90033 001 ***14	3.75
1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432		Mailing Address 1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432			15675	
2. Principal Place of Business - No P.O. Box # 3165 McCrory Place		3. Mailing Address 3165 McCrory Place Suite, Apt. #, etc.				
Suite, Apr. #, etc. Suite 185		Suite 185 City & State		01242008 Chg-	NP CR2E037 (12/0	6) Applied For
	lando, FL	Orlando, FI.	· <u>-</u>	59-2027372	<u> </u>	Not Applicable
Zip 328	Country	32803	Country	5. Certificate of Status	Fee Req	Additional uired
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Addres	s of New Registered Agent	
SAUNDE	RS_PAUL		Wanda Classe			
1650 S DI SUITE 50	XIE HIGHWAY		Street Address (P.O. Box Number is Not Acceptable) 3165 McCrory Place Suite 185			
	TON, FL 33432			rlando		V =
			City	ando FL Zip Code 32803		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regis	stered office or regis	stered agent, or both, in the	State of Florida. I am familiar w	ith, and accept
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SIGNATURE	Windle L' la	sse WI	ANDA C	LASSE	4-25-	08
O.O. I. V. O.I.E	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Regis	stered Agent signature requ		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaig Trust Fund Contrib	gn Financing ibution.	\$5.00 May Be Added to Fees	Make check payabl	State
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Campaig Trust Fund Contrib	gn Financing libution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of O OFFICERS AND DIRECTORS	State.
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12. Thereby certify that the information supplied with this little does not quality for the exemptions contained in Chapter 119, Florida Statutes. Thereby certify that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

7-14-08

Daytime Phone #