


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F05506 1. Entity Name PYRAMID ALUMINUM, INC. |  |
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| Principal Place of Business 530 COMMERCE DRIVE S. SUITE 4 LARGO, FL 33770 US | Mailing Address 530 COMMERCE DRIVE S. SUITE 4 LARGO, FL 33770 US |
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04052004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2041293 | 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

POPIOLEK, GAIL
 530 COMMERCE DRIVE SOUTH
 SUITE 4
 LARGO, FL 33770

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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 _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)

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

000000105257
 04/07/04-00017-024 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POPIOLEK, WAYNE 530 COMMERCE DRIVE SOUTH #4 LARGO, FL 33770 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD POPIOLEK, GAIL 530 COMMERCE DRIVE SOUTH #4 LARGO, FL 33770 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OPPENHEIMER, FRED 530 COMMERCE DRIVE SOUTH #4 LARGO, FL 33770 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/5/04 727/585-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #