2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

561-638-3400 Daylima Phone #

DOCUMENT # F9400003047 1. Entity Name HIRSCH METALS CORPORATION						03-19-2004	90044 037	7 ***150	0.00
Principal Place of Business 4733 W ATLANTIC AVE SUITE 12 DELRAY BEACH, FL 33445		Mailing Address 4733 W ATLANTIC AVE SUITE 12 DELRAY BEACH, FL 33445				1	5401	-	
	lace of Business Dog Rd. #, etc.	3. Mailing Address Tog Rd. Suite, Apt. #, etc.		03092004	Chg-P	CR2E034			
Suite 205 Sily & State Peoch TI		Suite 205 City & State Book 5			4. FEI Numb	er		· ,	plied For
Delra	Country	Detray E	Country		38-237	of Status Desired	\$8	3.75 Add	t Applicable
334	6. Name and Address of Current R	<u> 3394ル</u> legistered Agent	us	<i>-</i>	L	Address of New R	Fe	e Required	di * - = = -
HIRSCH, RONALD J 4733 W ATLANTIC AVE SUITE 12 DELRAY BEACH, FL 33445				Name Same Street Address (P.O. Bex Number is Not Acceptable) Suite 205 Cit Delray Beach FL 33446					
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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFF			3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HIRSCH, RONALD J 4733 W ATLANTIC AVE DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	odress 152	00 Jog ray Be	Rd., Sui-	•	∢ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ORESS] Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		□ Delete -	TITLE NAME STREET ADI			77.	Ē	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ſ] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADI CITY-ST-Z	ZIP .] Change	☐ Addition
12. I hereby of indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address, with an address.	his filing does not qualify for true and accurate and that vered to execute this report th all other, like empewered	or the exemption or the exemption of the	on stated in Se shall have the by Chapter 607	ection 119.07(3) same legal effec 7, Florida Statule	(i), Florida Statutes. I it as if made under c es; and that my name	l further certify bath; that I am e appears in B	that the in an officer lock 10 or	iformation or director Block 11 if