2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Name QUALITY METAL FABRICATORS, INC.					04-04-2008 90029 028 ***1 50.00				
	· ·								
Principal Place of Business		Mailing Address			*****				
2610 E 5TH AVE		2610 E 5TH AVE							
TAMPA, FL 33605 US		TAMPA, FL 33605 US				•*			
						3 (1881 1866 8868 11 918 6 10)	ATTIL BIJAN SID		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb				oplied For ot Applicable
Zip	Country Zip Cour		Country	,	5. Certificate of Status Desired 58.75 Addition Fee Required				
	6. Name and Address of Current Registered Agent				7. Name and	Address of New Re			
TONIACI DI			1	Name					
JONAS, BI 16017 N. F LUTZ, FL	RICE FLORIDA STE#125 33549	Street Address		Street Address (I	P.O. Box Numb	er is Not Acceptable)			
			L						
			'	City			FL	Zip Cod	ie
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 indeed or oriented invite or replaced agent and title if applicable. (NOTE: Registered Agent signature required when reinstaining) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE	V DODERTS EARL D	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET A	ADDRECC					
CITY-ST-ZIP	•		CITY-ST-	I .					
TITLE	V							☐ Change	Addition
NAME	BURGESS, JASON		NAME						_
STREET ADDRESS CITY-ST-ZIP	2610 E 5TH AVE TAMPA, FL 33605	c.		ADDRESS .					
TITLE	S .			-ZIr				☐ Change	
NAME	TRAUTHWEIN, FRANCINE	LT Delicite	TITLE -	ľ		-		L. Change	☐ Addition
STREET ADDRESS	ESS 2610 E 5TH AVE STR		STREET A]					
CITY-ST-ZIF	<u> </u>		CITY-ST-	- ZIP		·— <u> </u>			
TITLE NAME	V ROBERTS, STEPHEN	☐ Delete	TITLE NAME	ļ				☐ Change	Addition
STREET ADDRESS	2610 E 5TH AVE		STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST-	- ZIP					
TITLE NAME	DODEDTO ID EAST O		TITLE				_	☐ Change	Addition
STREET ADDRESS			NAME Street a	ADDRESS					
CITY-ST-ZIP			CITY-ST-	1					
TITLE	☐ Delete TITL		TITLE	<u> </u>				☐ Change	Addition
NAME "	NAA .		NAME					-	
STREET ADDRESS CITY-ST-ZIP			STREET AL	1			•		
12. Thereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver or dustee 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 in address, with an other like empowered.									
SIGNATURE: 4/2/08 9/3/3/- /3/20 SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR Davie Davier Phone 5									