


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J61007</b> 1. Entity Name <b>HADCO ALUMINUM AND METALS CORP. OF FLORIDA</b>	
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Principal Place of Business <b>1841 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069</b>	Mailing Address <b>1841 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069</b>
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**DO NOT WRITE IN THIS SPACE**

02292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2798186</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WIENER, JESSE L.  
3650 N 36TH AVE, VILLA12  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reappointing)

DATE

**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

U000000089904  
03/16/04-80007-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WIENER, JESSE L. 3650 N 36TH AVE, VILLA 12 HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HOLLBURG, MAY 6641 73RD PL MIDDLE VILLAGE, NY 11379</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 recipient 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/04

718-291-8060

Date

Daytime Phone #