
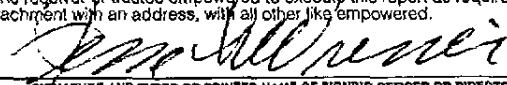


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J61007 1. Entity Name HADCO ALUMINUM AND METALS CORP. OF FLORIDA		
Principal Place of Business 1841 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069	Mailing Address 1841 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069	
DO NOT WRITE IN THIS SPACE		 02272006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2798186 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WIENER, JESSE L. 3650 N 36TH AVE, VILLA 12 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN00000463476 03/21/06-80078-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIENER, JESSE L. 3650 N 36TH AVE, VILLA 12 HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLLBURG, MAY 6641 73RD PL MIDDLE VILLAGE, NY 11379	
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		
12. I hereby certify that the information supplied with this filing 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 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		Date 2-27-06 Daytime Phone # 718-291-8060