## <sup>2</sup>2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 06, 2004 08:00 AM DOCUMENT # K29124 **Secretary of State** ALLIED METAL CENTERS, INC. Mailing Address Principal Place of Business 5761 NW 37 AVE 5761 NW 37 AVE MIAMI, FL 33142 MIAMI, FL 33142 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0065311 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MAYSONET, GEORGE DO NOT WRITE 9280 SW 146TH ST. MIAMI, FL 33176-4911 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAYSONET, GEORGE NAME STREET ADDRESS 5761 NW 37 AVE U00000078741 03/08/04-80038-016 150.00 MIAMI, FL. 33142 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 trusted 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:

CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete | Deytime Phone #

FILED