## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 24, 2006 8:00 am Secretary of State

DOCUMENT # K29124					05-24-2006 90009 034 ***150.00					
	ETAL CENTERS, INC.									
Principal Place	of Business	Mailing Address	Mailing Address					• •		
5761 NW 37 AVE MIAMI, FL 33142		5761 NW 37 AVE MIAMI, FL 33142								
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006	Chg-P	CR2E03	4 (11/05)	_	
City & State		City & State			4. FEI Number 65-0065311			plied For t Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Currer	nt Registered Agent	'	Name	7. Name and	Address of New R	egistered Aç	jent		
MAYSONE	T, GEORGE									
9280 SW 1 MIAMI, FL	46TH ST. 33176-4911		Street Addre			s (P.O. Box Number is Not Acceptable)				
				City		<del></del>		Zip Code	9	
	named entity submits this statement	f	!	Í	und appet or bot	h in the Clate of Ele	FL			
the obligati	ons of registered agent.  Signature, typed or printed name of registered age			id Agent signature require			DATE			
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Conf			5.00 May Be ded to Fees					
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS		
NAME	PD MAYSONET, GEORGE	Delete	NAM					Change	Addition	
STREET ADDRESS	5761 NW 37 AVE MIAMI, FL 33142		STRE	EET ADDRESS '-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		☐ Đelete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E	····			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	.E				Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete		I .		•••		Change	Addition	
CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Délete	- THL NAM STR	.E				Change	Addition	
12. I hereby of indicated of the cor	certify that the information supplied von this report or supplied population or the receiver of trustee er or on an attachment with an address	rt is true and accurate and that npowered to execute this repor is, with all other like empowered	my signa t as requ d.	ature shall have the bired by Chapter 60	o same legal effect 07, Florida Statute	t as it made under	oath; that I at le appears in	m an omicer	or airector	

ATTACHMENTS/9/C 2004/04/7

2005 FOR PROFIT COFFORATION TO WHOM IT MMY CONCERN:

ANNUAL REPORT" (AR)

CUMENT # K29124

INNAME

FIRST OUR 2006 Report

FIRST OF FIRST SENDUS

TO MAILING Address

Mailing Address DOCUMENT # K29124 1. Entity Name ALLIED METAL CENTERS, INC. Principal Place of Business 5781 NW 37 AVE MIAMI FL 33142 IME - THANK YOU MAY rONG! 5761 NW 37 AVE MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #. etc. CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 65-0065311 Not Applicable \$8.75 Additional Country Zip Country Ziο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAYSONET, GEORGE Street Address (P.O. Box Number is Not Acceptable) 9280 SW 146TH ST. MIAMI FL 33176-4911 City Zip Code 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 rate is applicable (NOT: Recistioned Agent signature required when revisitely) PILE NOWILL FEE IS \$150.00

After May 2 / 2005 F ... WILL'ES \$150.00

Wake Check Provide to Florida to per man of See. Pd 2/4 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANISES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD nne Change Addison TITLE Delete MAYSONET, GEORGE NAME 5761 NW 97 AVE STREET ADDRESS STREET ADDRESS MIAM! FL 33142 CHTC-ST-712 CITY-SI-ZIP Change ☐ Addition C Defete TIFLE THE NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C177-S1-21P Addition C Delete ntu MILE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P Change · Addition Delete THILE TITL F NAME MA STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZP Addition Change Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZP CITY ST ZIP Chenge Addition Delete TITLE THEE MARE NAME STREET ADDRESS STREET ADDRESS QTY-ST-ZP CITY-ST-ZIP 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 receiper or truthee 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 any address, with all other like impowered.

TYPED OR PRINTED MAKE OF SIGHING OFFICER OR DIRECTOR

SIGNATURE: A

2/4/5 305-634-6066