


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90045 041 ***150.00

DOCUMENT # K80543			
1. Entity Name ALUMINUM TRADING AND CONSULTING CORPORATION			
Principal Place of Business 14556 HUNTINGFIELD DR. ORLANDO, FL 32824		Mailing Address 14556 HUNTINGFIELD DR. ORLANDO, FL 32824	
2. Principal Place of Business 104 TEMPTATION CT.		3. Mailing Address 104 TEMPTATION CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE PLACID, FL.		City & State LAKE PLACID, FL.	
Zip 33852	Country U.S.A	Zip 33852	Country U.S.A
6. Name and Address of Current Registered Agent ZURITA, MICHEAL A. 14556 HUNTINGFIELD DR. ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name: DORIS ZURITA Street Address (P.O. Box Number is Not Acceptable): 104 TEMPTATION CT. City: LAKE PLACID, FL Zip Code: 33852	
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: DORIS ZURITA <i>Doris Zurita</i> DATE: Mar. 28, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: LUNA, GUSTAVO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: AV PPAL LOS NARANJOS	CITY-ST-ZIP: CARACAS, VENEZUELA,	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: ZURITA, MANUEL ANTONIO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 104 TEMPTATION CT.	CITY-ST-ZIP: LAKE PLACID, FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: P <input type="checkbox"/> Delete	NAME: CABRERA, FRANCISCO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: TORRE BRITANICA-POSO Q ALTAMIRA	CITY-ST-ZIP: CARACAS, VE	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	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 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: <i>M. A. Zurita</i> MANUELA ZURITA		Date: 3-28-05 Daytime Phone #: 1-863-465-1345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	