


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K80543**  
1. Entity Name  
**ALUMINUM TRADING AND CONSULTING CORPORATION**



Principal Place of Business: **104 TEMPTATION CT  
LAKE PLACID, FL 33852**  
Mailing Address: **104 TEMPTATION CT  
LAKE PLACID, FL 33852**

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number: **59-2962782** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZURITA, DORIS  
104 TEMPTATION CT  
LAKE PLACID, FL 33852**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUNA, GUSTAVO
STREET ADDRESS	AV PPAL LOS NARANJOS
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	D
NAME	ZURITA, MANUEL ANTONIO
STREET ADDRESS	104 TEMPTATION CT.
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	P
NAME	CABRERA, FRANCISCO
STREET ADDRESS	TORRE BRITANICA-POSO Q ALTAMIRA
CITY-ST-ZIP	CARACAS, VE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80066-010 150.00

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:** *Manuel Zurita* **MANUEL ZURITA** 02-07-06-(863) 465-1345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #