2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	DOC	CUM	1ENT	#
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4556 HUNTINGFIELD DR

K80543

1. Entity Name

ALUMINUM TRADING AND CONSULTING CORPORATION



02-27-2003 90110 011 ***150.00

X CHECK HERE IF MAKING CHANGES

MANUEL A.ZURITA 2-10-03 1-863.465-1345

FILED

Feb 27, 2003 8:00 am Secretary of State

Principal Place of Business % MICHAEL A. ZURITA 2526 LEMON TREE LANE ORLANDO FL 32839-1061

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address % MICHAEL A. ZURITA 2526 LEMON TREE LANE ORLANDO FL 32839-1061

Suite, Apt. #, etc.

14556 HUNTINGELELD DR

ORLANDO-FLORIDA O			City & State ORLANDO	City & State ORLANDO _FLORIDA		4. FEI Number 59-2962782			pplied For of Applicable		
3282				Country J. S. A					ditional d		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
ZURITA, MICHEAL A.					Name ZURITA, MICHAEL A.						
2526 LEMON TREE LANE				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32839				1455	14556 HUNTINGFIELD DRIVE						
City ORLANDO FL 32°8°2 4											
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. 1 am familiar with, and accept											
the obligations of registered agent MICHAEL. A. ZURITA 2-10-03											
SIGNATURE A	X :	72013		IICHAEL.	A. ZU	RITA	Z -	10-0	73		
	Signature, typed	printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	re required when re	instating)	DATE				
After	May 1, 200	FEE IS \$150.00 Florida Department o	f State			9. Election Campaign Fir Trust Fund Contributio			O May Be to Fees		
10.		OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11		
TÎTLE	D		☐ Delete	TITLE	-,	•	-	☐ Change	Addition		
NAME	LUNA, GU	ISTAVO		NAME							
STREET ADDRESS	AV PPAL I	LOS NARANJOS		STREET ADDRESS							
CITY-ST-ZIP	CARACAS	, venezuela		CITY-ST-ZIP							
TITLE	D		☐ Delete	TITLE		, ,,,,,,,,		☐ Change	☐ Addition		
NAME	ZURITA. M	IANUEL ANTONIO		NAME				_ •			
STREET ADDRESS		TATION CT.		STREET ADDRESS							
CITY-ST-ZIP	LAKE PLA			CITY-ST-ZIP							
TITLE	Р _		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	CABRERA	FRANCISCO		NAME			-		_		
STREET ADDRESS		RITANICA-POSO Q ALT	'AMIRA	STREET ADDRESS							
CITY-ST-ZIP	CARACAS			CITY-ST-ZIP							
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NAME .				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP		<i>‡</i>	•				
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STREET ADDRESS				STREET ADDRESS		•					
CITY-ST-ZIP				CITY-ST-ZIP							
indicated	on this report	i or supplemental report is	If the and accurate and that o	nv signature shall hav	ve the same k	19.07(3)(i), Florida Statutes. I egal effect as if made under c fa Statutes; and that my name	ath that Lan	n an officer c	ar director		