
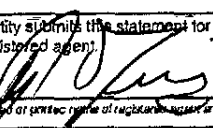
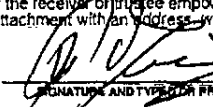


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L67838 1. Entity Name F. & F. ALUMINUM AND IRON MANUFACTURER, INC.		
Principal Place of Business 2290 NW 17 AVE. MIAMI, FL 33142 US	Mailing Address 2290 NW 17 AVE. MIAMI, FL 33142 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent RUIZ, FERNANDO 155 S.W. 124TH AVENUE MIAMI, FL 33184		
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: 7/12/05
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTS	
NAME	RUIZ, FERNANDO S	
STREET ADDRESS	155 SW 124 AVE.	
CITY - ST - ZIP	MIAMI, FL 33184	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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)(f), 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: 		DATE: 7/12/05 305-635-3445
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0214972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

 000000372359
 07/15/05-60004-015 550.00
**DO NOT WRITE
IN THIS SPACE**