


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M47939</b> 1. Entity Name <b>NATIONAL MOLDS &amp; COMPONENTS, CORPORATION</b>	
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Principal Place of Business <b>7534 N.W. 70TH ST. MIAMI, FL 33166</b>	Mailing Address <b>P O BOX 667507 MIAMI, FL 33166-9401</b>
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03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2778491</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORTES, MARIA C. 6430 MILKWAGON LN. MIAMI LAKES, FL 33014</b>
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**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 \_\_\_\_\_  
Signature of person or entity to be registered agent and fee applic. (NOTE: Registered Agent Signature required for all filings) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CORTES, GUILLERMO S. 6430 MILKWAGON LN. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D CORTES, MARIA C. 6430 MILKWAGON LN. MIAMI LAKES, FL
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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 another, be empowered.

**SIGNATURE:** *M. Cortes - Pres.* 4/4/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING