## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TIME

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

## Feb 13, 2004 08:00 AM DOCUMENT # M67221 **Secretary of State** 1. Entity Name ST, JUDAS TADEUS FOUNDRY, INC. Principal Place of Business Mailing Address % IDELFONSO VEGA % IDELFONSO VEGA 9851 NW 115 WAY 9851 NW 115 WAY MEDLEY, FL 33178 MEDLEY, FL 33178 01072004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0031619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, IDELFONSO DO NOT WRITE 9851 NW 115 WAY MEDLEY, FL 33178 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NDTF Registered Agent signerure required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VEGA, IDELFONSO NAME STREET ADDRESS 9851 NW 115 WAY MEDLEY, FL #00000050597 02/16/04-80017-022 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling 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 expowered.

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SIGNATURE: \( \frac{10 - 2004 305}{305} \) 889-2/3/

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

Date