

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N20043

1. Entity Name
ALUMINUM ASSOCIATION OF FLORIDA, NORTHEAST
FLORIDA CHAPTER, INC.



Principal Place of Business
1650 S DIXIE HIGHWAY
BOCA RATON, FL 33432

Mailing Address
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #
3165 McCrory Place

Suite, Apt. #, etc.
Suite 185

City & State
Orlando, FL

Zip
32803

3. Mailing Address
3165 McCrory Place

Suite, Apt. #, etc.
Suite 185

City & State
Orlando, FL

Zip
32803

Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2785174

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, PAUL
1650 S DIXIE HWY.
STE. 500
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name Wanda Classe

Street Address (P.O. Box Number is Not Acceptable)
3165 McCrory Place

Suite 185

City Orlando

FL Zip Code
32803

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

Wanda Classe

Wanda Classe

4-25-2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 617, 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: *Wanda Classe*

Wanda Classe 407-898-8287

4-25-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66010921

