

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

**FILED
May 19, 2008 8:00 am
Secretary of State**

05-19-2008 90048 001 ***741.25

DOCUMENT # N94000002171		
1. Entity Name ALUMINUM ASSOCIATION OF FLORIDA, SOUTHEAST CHAPTER, INC.		

Principal Place of Business 1650 S DIXIE HIGHWAY SUITE #500 BOCA RATON, FL 33432	Mailing Address 1650 S DIXIE HIGHWAY SUITE #500 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 3165 McCrory Place	3. Mailing Address 3165 McCrory Place
Suite, Apt. #, etc. Suite 185	Suite, Apt. #, etc. Suite 185
City & State Orlando, FL	City & State Orlando, FL
Zip 32803	Country 32803

6. Name and Address of Current Registered Agent	
SAUNDERS, PAUL 1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTRER, LORRI 611 NE 12TH STREET HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSOUR, BOB 2100 W 76TH ST HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAUNDERS, PAUL 1650 S. DIXIE HWY, SUITE 500 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Wanda Classe</i> 3165 McCrory Place, Suite 185 Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 4-25-2008 407-898-8287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66010918



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0487314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required