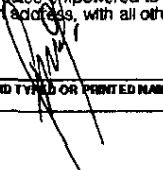


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90516 017 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                |                                                                                                                                                                                                                  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000070157</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                |                                                                                                                                                                                                                  |  |  |
| 1. Entity Name<br><b>ALL METALS GUTTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                |                                                                                                                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br><b>2730 WEST 63RD PLACE<br/>#201<br/>HIALEAH, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                | Mailing Address<br><b>2730 WEST 63RD PLACE<br/>#201<br/>HIALEAH, FL 33016</b>                                                                                                                                    |                                                                                   |  |
| 2. Principal Place of Business<br><b>2175 W 52 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                | 3. Mailing Address<br><b>2175 W 52 ST</b>                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.<br><b>212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                | Suite, Apt. #, etc.<br><b>212</b>                                                                                                                                                                                |                                                                                   |  |
| City & State<br><b>HIALEAH, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                | City & State<br><b>HIALEAH, FL</b>                                                                                                                                                                               |                                                                                   |  |
| Zip<br><b>33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>U.S.A</b>                                                                                                   | Zip<br><b>33016</b>                            | Country<br><b>U.S.A</b>                                                                                                                                                                                          | 4. FEI Number<br><b>65-1025504</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                |                                                                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>DE LA TORRE, MARCOS<br/>15476 NW 77 CT 348<br/>MIAMI, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                | 7. Name and Address of New Registered Agent<br>Name <b>MARCOS DE LA TORRE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2175 W 52 ST # 212</b><br>City <b>HIALEAH</b> FL Zip Code <b>33016</b> |                                                                                   |  |
| 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.<br>SIGNATURE <b>MARCOS DE LA TORRE (PRESIDENT)</b>  DATE <b>4/14/03</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's name is required when reinstating)</small>                                                                                              |                                                                                                                           |                                                |                                                                                                                                                                                                                  |                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$650.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                           |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PDT<br/>DE LA TORRE, MARCOS<br/>15476 NW 77 CT #348<br/>MIAMI, FL 33016</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2175 W 52 ST. #212<br/>HIALEAH, FL 33016</b>                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SVD<br/>DE LA TORRE, SANDOR<br/>15476 NW 77 CT #348<br/>MIAMI, FL 33016</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SVD<br/>ALONSO, ADORACION C<br/>15476 NW 77 CT #348<br/>MIAMI, FL 33016</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2175 W 52 ST. #212<br/>HIALEAH, FL 33016</b>                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(l), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                                | 04/14/03 (305) 6579393                                                                                                                                                                                           |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                |                                                                                                                                                                                                                  |                                                                                   |  |

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☒ CHECK HERE IF MAKING CHANGES

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