


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000108035</b>	
1. Entity Name <b>EXCEL ALUMINIUM CO.</b>	

Principal Place of Business <b>10340 SW 4TH ST MIAMI, FL 33174</b>	Mailing Address <b>10340 SW 4TH ST MIAMI, FL 33174</b>
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08202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1121394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ORTIZ, FERNANDO M 7270 N.W. 12 STREET SUITE 840 MIAMI, FL 33126</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**U000000170591  
08/23/04-80002-006 550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, FERNANDO M 7270 N.W. 127 STREET - SUITE 840 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ORTIZ, FERNANDO 10340 SW 4TH STREET MIAMI, FL 33174
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 empowered.

**SIGNATURE:**  **8/20/04 (305) 477-2710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #