

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90027 039 \*\*\*150.00

**DOCUMENT # P01000024889**

1. Entity Name  
**C&C ALL PURPOSE ALUMINUM, INC.**



Principal Place of Business  
**10755 SW 190 STREET BAY 58  
MIAMI, FL 33157 US**

Mailing Address  
**10755 SW 190 STREET BAY 58  
MIAMI, FL 33157 US**

**94057912**



2. Principal Place of Business  
**10755 SW 190 Street**

3. Mailing Address  
**10755 SW 190 Street**

Suite, Apt. #, etc.  
**Bay 58**

Suite, Apt. #, etc.  
**Bay 58**

City & State  
**miami, FL**

City & State  
**miami, FL**

Zip  
**33157**

Country  
**U.S.A.**

Zip  
**33157**

Country  
**U.S.A.**

04162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1085313**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLEITES, SERGIO A CPA  
3663 SW 8 STREET #210  
MIAMI, FL 33135**

**7. Name and Address of New Registered Agent**

Name **Rafael J. Fernandez, C.P.A., P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10737 SW 104 Street**  
City **miami** FL Zip Code **33176**

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 **Rafael J. Fernandez CPA**

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

(NOTE: Registered Agent signature required when reinstating)

**4/16/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PTD** ☐ Delete  
NAME **FIGUEROA, CARLOS**  
STREET ADDRESS **10775 SW 190 STREET BAY 13**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VSD** ☐ Delete  
NAME **FIGUEROA, CARLOS JR**  
STREET ADDRESS **10775 SW 190 STREET BAY 13**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10755 SW 190 Street, Bay 58**  
CITY-ST-ZIP **miami, FL 33157**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10755 SW 190 Street, Bay 58**  
CITY-ST-ZIP **miami, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-16-04**

Date

**786-246717**

Daytime Phone #