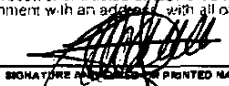


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 030 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box # 10755 SW 190 Street		3. Mailing Address 10755 SW 190 Street	
Suite, Apt. #, etc. Bay 52		Suite, Apt. #, etc. Bay 52	
City & State Miami FL		City & State Miami	
Zip 33157	Country	Zip 33157	Country
4. FEI Number 65-1085313		Applied For Not Applicants	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, RAFAEL J 10737 SW 104 STREET MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Type name, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD FIGUEROA, CARLOS 10755 SW 190 STREET, BAY 58 MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	10755 SW 190 Street, Bay 52 Miami, FL 33157 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD FIGUEROA, CARLOS JR 10755 SW 190 STREET, BAY 58 MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	10755 SW 190 Street, Bay 52 Miami, FL 33157 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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 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: 		PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	
Date _____		Daytime Phone # _____	

40095603



04302008 Chg-P CR2E034 (12/06)