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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.

40095603

04302008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10755 SW 190 STREET, BAY 58 MIAMI, FL 33157 US	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 Applicable

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	PTD FIGUEROA, CARLOS 10755SW 190 STREET, BAY 58 MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10755 SW 190 Street, Bay 52 Miami FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FIGUEROA, CARLOS JR 10755SW 190 STREET, BAY 58 MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10755 SW 190 Street, Bay 52 Miami FL 33157	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: X ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #