2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # , P01000061042

1. Entity Name

TROPICAL ALUMINUM SERVICES, INC.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90058 030 ***150.00

				GOO WE TRUST				
Principal Place of Business 2214 GRAND CAYMAN CT #1518 KISSIMMEE FL 34741		Mailing Address 2214 GRAND CAYN KISSIMMEE FL 3470						
2. Principal Place of Business ·		3. Mailing Address			-{ 	. 0 1481 1202 06 124 0202 1202 1202		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3730253	Applied For Not Applicable		
Zìp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6.	. Name and Address of Ci	urrent Registered Agent			7. Name and Address of New Registered	Agent		
				Name.				
MORALES, AF 2214 GRAND KISSIMMEE FI	CAYMAN CT #1518		Street Add		ess (P.O. Box Number is Not Acceptable)			
				City	City FL Zip Code			
8. The above name the obligations of	ed entity submits this staten of registered agent.	nent for the purpose of changir	ng its registere	d office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept		
SIGNATURE								
Signate	ure, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE			
After May	NOW!!! FEE IS \$150.0 1, 2003 Fee will be \$55 able to Florida Departm	0.00			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS	AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				

NAME STREET ADDRESS CITY-ST-ZIP	MORALES, ARNULFO 2214 GRAND CAYMAN CT #1518 KISSIMMEE FL 34741	LLI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 empowed 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 agrees with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TURE REQUIRED

2/27/03

321-624-0893

Daytime Phor