2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Apr 28, 2005 08:00			
DOCUMENT # P0100061860 1. Entity Name METAL SPINNING SYSTEMS, INC.					Se	cretary (of State
Principal Place of Business Mailing Address 14250 S.W. 136TH ST., UNIT #2 14250 S.W. 136TH ST., UMAMI, FL 33186 MIAMI, FL 33186		14250 S.W. 136TH ST., UNIT #	#2		(18) (18) (18) (18) (18) (18) (18) (18)		
DO NOT WRITE IN THIS SPACE			CE	01242005 4. FEI Number 65-1135	No Chg-P	CR2E034 (10/0	3) Applied For Not Applicable
	8. Name and Address of Current Re			5. Certificate of	Status Desired	58.75 Fee Requ	Additional aired
KANZIGER, ROBERT A ESQ. 9130 SOUTH DADELAND BLVD. TWO DATRAN CENTER, STE. 1705 MIAMI, FL 33156 8. The above named entity submits this statement for the purpose of changing its registere			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for the constant of the co	·	ed office or registe		in the State of Flor	ida. I am familiar w	th, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				i.00 May Be ded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DI D ROCAFORT, MANUEL 14250 S.W. 136TH ST., UNIT #2 MIAMI, FL 33186	RÉCTORS				0337614 -80001-022	150.00
NITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP					NOT W		
TITLE				···			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

305 252 7128