


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000061860</b>					
<b>1. Entity Name</b> <b>METAL SPINNING SYSTEMS, INC.</b>					
<b>Principal Place of Business</b> <b>14250 S.W. 136TH ST., UNIT #2</b> <b>MIAMI, FL 33186</b>			<b>Mailing Address</b> <b>14250 S.W. 136TH ST., UNIT #2</b> <b>MIAMI, FL 33186</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
<b>City &amp; State</b>  City      State			<b>4. FEI Number</b> <b>65-1135521</b>		
<b>Zip</b>  Country			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>KANZIGER, ROBERT A ESQ.</b> <b>9130 SOUTH DADELAND BLVD.</b> <b>TWO DATRAN CENTER, STE. 1705</b> <b>MIAMI, FL 33156</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>D</b> <b>ROCAFORT, MANUEL</b> <b>14250 S.W. 136TH ST., UNIT #2</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000926609 05/20/08-80070-023-150.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	    	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			29/4/08      3052527778 Date      Daytime Phone #		