


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000016763</b>	
<b>1. Entity Name</b> VASQUEZ CUSTOM METALS, INC.	

<b>Principal Place of Business</b> 3723 N. 15TH ST. TAMPA, FL 33610	<b>Mailing Address</b> 3723 N. 15TH ST. TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 02-0543485	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

VASQUEZ, PEDRO  
3723 N. 15TH ST.  
TAMPA, FL 33610

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

<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> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000822372</b> <b>02/10/08 00000 010 150.00</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> VASQUEZ, PEDRO 3723 N. 15TH ST. TAMPA, FL 33610
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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**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:**  **PEDRO VASQUEZ** **2/6/08** **813-843-8269**

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #