

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020443

FILED  
Jun 10, 2008  
Secretary of State

Entity Name: CERTIFIED FASTENING SYSTEMS, INC.

## Current Principal Place of Business:

19821 NE 21 CT  
404  
NORTH MIAMI BEACH, FL 33179 US

## New Principal Place of Business:

19821 NE 21 CT  
NORTH MIAMI BEACH, FL 33179 US

## Current Mailing Address:

19821 NE 21 CT  
NORTH MIAMI BEACH, FL 33179 US

## New Mailing Address:

FEI Number: 75-3011816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALDAS, GUSTAVO A  
19821 NE 21 CT  
NORTH MIAMI BEACH, FL 33179 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALJURE, OLGA N MRS.  
Address: 19821 NE 21 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP (X) Delete  
Name: CALDAS, GUSTAVO A MR.  
Address: 19821 NE 21 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CALDAS, GUSTAVO A MR.  
Address: 19821 NE 21 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO A. CALDAS

PD

06/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date