

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90024 011 ***150.00

DOCUMENT # P02000026804

1. Entity Name
SOUTHERN ALUMINUM WHOLESALERS, INC.



Principal Place of Business
**9990 SW 77 AVENUE SUITE 330
MIAMI, FL 33156**

Mailing Address
**9990 SW 77 AVENUE SUITE 330
MIAMI, FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

03-0415073

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARGOLIS, JOHN A ESQ
9990 SW 77 AVENUE SUITE 330
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, VALENTIN	
STREET ADDRESS	3748 NW 80 ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, LUCY	
STREET ADDRESS	3748 NW 80 ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, NANCY	
STREET ADDRESS	2299 NW 77TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, FRANCISCA	
STREET ADDRESS	2299 NW 77TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3748 NW 80th Street	
STREET ADDRESS	Miami, FL 33147	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Francisca	
STREET ADDRESS	3748 N.W. 80 St.	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04 305-835-1119