

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90122 027 ***158.75

DOCUMENT # P02000041576

1. Entity Name

F.D.S. ALUMINUM, INC.



Principal Place of Business

5522 NW 39 AVE
POMPANO BEACH FL 33073

Mailing Address

5522 NW 39 AVE
POMPANO BEACH FL 33073

24045274



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3275, SW 42nd Street
Suite, Apt. #, etc.

3. Mailing Address

5522 NW 39 AVE
Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

COCONUT CREEK, FL

4. FEI Number

54-2063073

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THERIAULT, STEPHANIE
5522 NW 39 AVE
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

Name
THERIAULT STEPHANIE

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

5522 NW 39 AVE

City

COCONUT CREEK

FL

Zip Code

33073

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

03/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOULARD, MICHEL
STREET ADDRESS 5522 NW 39 AVE
CITY-ST-ZIP POMPANO BEACH FL 33073

☐ Delete

TITLE VP
NAME SOULARD, ROSAIRE
STREET ADDRESS 5522 NW 39 AVE
CITY-ST-ZIP POMPANO BEACH FL 33073

☐ Delete

TITLE SD
NAME THERIAULT, STEPHANE
STREET ADDRESS 5522 NW 39 AVE
CITY-ST-ZIP POMPANO BEACH FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SOULARD MICHEL
STREET ADDRESS 5209 NW 89th DR
CITY-ST-ZIP CORAL SPRINGS, FL, 33067

☒ Change ☐ Addition

address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

STEPHANIE THERIAULT (3/4/04) 954-448-4967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #