

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041576

Entity Name: F.D.S. ALUMINUM, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

1917 NW 18TH STREET
BUILDING A
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

5522 NW 39 AVENUE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 54-2063073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERIAULT, STEPHANIE
5522 NW 39 AVE.
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

THERIAULT, STEPHANE
5522 NW 39 AVE.
COCONUT CREEK, FL 33073 US

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: STEPHANE THERIAULT

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOULARD, MICHEL
Address: 5209 NW 89TH DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: SOULARD, ROSAIRE
Address: 5522 NW 39 AVE
City-St-Zip: POMPANO BEACH, FL 33073

Title: SD () Delete
Name: THERIAULT, STEPHANE
Address: 5522 NW 39 AVE
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHEL SOULARD

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date