## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 08, 2004 8:00 am Secretary of State

DOCUMENT # P02000045191  1. Entity Name METALPLASTICS GROUP, INC.						07-08-2004	90095 003 ***5.	50.00
Principal Place	e of Business	Mailing Address	•		7			
7571 NW 78TH ST. MIAMI, FL 33166		7571 NW 78TH ST. Miami, Fl 33166					60448	
		1						
2. Principal Pl	lace of Business	3. Mailing Address					\$  \$1      11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07022004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 03-0433	179	<b>—</b>	pplied For ot Applicable
Zip	Country	Zip Coun		try	5. Certificate of		\$8.75 Ad	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New F	Registered Agent	
SANTIACO DICADDO				Name Molo FRANCISCOB				
SANTIAGO, RICARDO 6844 NW 113 PLACE				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33178				7571	NW 78	ST.		
				City MI ANII FL Zincode				
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Fl	orida. I am familiar with	, and accept
							7/6/04 DATE	
SIGNATURES	Signature, hyped er printed name of registered age	nt and title if applicable. (NOTE	E: Registered	d Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign I Trust Fund Contribut					5.00 May Be Ided to Fees			
10.	OFFICERS AN	D DIDECTARS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTO	
TITLE NAME			_					Addition
	PD MELO ERANCISCO B	□ Delete	TITLE				☐ Change	
STREET ADDRESS	MELO, FRANCISCO B 7571 NW 78TH ST.		NAM				☐ Change	
	MELO, FRANCISCO B		NAM STRE	E			☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	MELO, FRANCISCO B 7571 NW 78TH ST. MIAMI, FL 33166 SD		NAMI STRE CITY TITLE	EET ADDRESS '-ST-ZIP			☐ Change	Addition
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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

7/6/04

305.887-9575

Daytime Phone