2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State

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Second Place of Business Second Place Second	DOCUMENT # P0200093094 1. Entity Name GILBERTS IRON WORKS & FENCE, INC.						
Sulle, Agr. #, dic. Sulle, Agr. #, dic. Sulle, Agr. #, dic. CHECK HERE IF MAKING CHANGES	8839 NW 117 STREET 8839 NW 117 STREET			3018		# 10100 HALL BRIDE 1014 BRID 1001	
Suite, Apt. #, etc. City & State Check Property County S. Certificate of Status Desired S. T. Accidence Nov. Applicable N	2. Principal Place of Business 3. Mailing Address				1 110 110 11 11 110 110 110 110 110 110	7 1188 HITA 681/6 181/5 530 168/	
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	Suite, Apt. #, etc. Suite. Apt. #, etc.						
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	City & State		City & State		4. FEI Number 273 2896 Applied For Not Applied For		
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HIALEAH FL FL330-18 City FL Zip Code City FL Z							
City FL Zip Code 8. The above named entity supervise 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am					•		
8. The above named entity subgrits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered figure. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DRIVEN AND THE ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE Delete ITTLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P CITY-S1-2P CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P CIT							
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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 REQUIRED

2/16/03

Daytime Phone #