2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # P02000094562 1. Entity Name WOLFE METALS TRADING CORP. Principal Place of Business Mailing Address 5743 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 5743 HOLLYWOOD BLVD. HOLL YWOOD EL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 54-2072438 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARIAS, FELIX L 435 S.W. 122ND ST. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33025 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 | 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete ARIAS, FELIX L TMAKE NAME 12146 SW 4 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33025 C114-57-212 ☐ Addition 111116 VP Delete TITLE Change U00000265310 NAME GOMEZ, JOSE R NAME 03/16/05-80051-006 8.75 STREET ADDRESS STREET ADDRESS 19970 VILLA LAMTE **BOCA RATON FL 33434** CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE Delete TITLE U00000265310 NAME NAME 03/16/05-80051-007 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7P Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7P 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 of supplier ental 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 of 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

954-963-5033