2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 23, 2007 08: Secretary of St		
DOCU	MENT # P020001069	27			Secr	etary of St
1. Entity Nan L&DME	TAL FABRICATION CORPO					
Principal Plac	e of Business	Mailing Address				3 1
3040 SE 16	OTH LN RD. LD, FL 34491	3040 SE 160TH LN RD. SUMMERFIELD, FL 34491				*,* *
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<u> </u>	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
l '		, , , , , , , , , , , , , , , , , , , ,		74-3063653		Not Applicable
1	6. Name and Address of Current Re		عُون مِن الصَّفِيلِيَّةِ عِلَيْهِ مِن مِن	5. Certificate of Status	Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		g ki san ali	Salah Maria	agu maga an
	S FILINGS INCORPORATED ERNORS SQUARE BLVD				T WRIT	
SUITE 101 TALLAHASSEE, FL 32301-2960				IN THIS	S SPACI	
TALLAHA	55EE, FL 32301-2960			STANDARD KANN		
8. The above	named entity submits this statement for the	ne purpose of changing its registe	red office or register	ed agent, or both, in the	State of Florida. Lan	n familiar with, and accept
	tions of registered agent.	. , ,	VANTE.			
SIGNATURE.	Signature, typed or printed name of registered agent and		red Agent signature required	when remarksting)	4-10- DATE	
		9. Election Campaign Fina	ancina CE	00 May Be		
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			ed to Fees	•	
10.	OFFICERS AND DI	RECTORS		**************************************	To the state of the	
TITLE NAME	D OLARTE, LOUIS					
STREET ADDRESS CITY-ST-ZIP	3040 SE 160TH LN. RD. SUMMERFIELD, FL 34491			satisfied by		
TITLE	COMMENT ICED, I'E 34491	-				Beth King Shirt Shirt
NAME STREET ADDRESS						
CITY-ST-ZIP					restanting the second	Carlos de de las seus seus la las
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NAME			martine and the second	IN THI	3 SPAC	
STREET ADDRESS CITY-ST-ZIP					Real High	de la
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STREET ADDRESS					.000000721	
CITY-ST-ZIP					 	(14501458502 0 0)
NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-10-07

Daytime Phone #