


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/25/2004-90042-001-\$150.00-\$150.00

P. 2 of 2
FILED
STATE OF FLORIDA
04 MAR -4 AM 8:59

DOCUMENT # P03000012762

1. Entity Name
ARCHITECTURAL ALUMINIUM RAILING, INC.



Principal Place of Business Mailing Address
4400 NW 19 AVE STE G **4400 NW 19 AVE STE G**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MOORE, DAVID L
6003 NW 31 AVE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **MARIO PELAEZ**
 Street Address (P.O. Box Number is Not Acceptable)
23344 CAROLWOOD LN. APT#61005
BOCA RATON
 City **FL** Zip Code **33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MARIO PELAEZ** 02/19/2004
Signature: Type or print name of registered agent and sign in this space. (NOTE: Registered Agent signature required when converting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

B. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	DAL BON, MARIA M	
STREET ADDRESS	21904 LAKE FOREST CIR #102	
CITY-ST-ZIP	BOCA RATON FL 33493	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PELAEZ, MARIO	
STREET ADDRESS	23344 CAROLWOOD LN #61005	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or supplied 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 empower.

SIGNATURE:  **MARIA M. DAL BON** 02/19/2004 (954) 977-7557
Signature and typed or printed name of signing officer or director Date Daytime Phone #