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FILED
May 27, 2004 8:00 am
Secretary of State
05-03-2004 90416 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000029054

1. Entity Name
OSCARS METAL, CORP.

66424579

Principal Place of Business	Mailing Address
~~3299 BIRD AVE. MIAMI, FL 33133~~	~~3299 BIRD AVE. MIAMI, FL 33133~~
2. Principal Place of Business: 15570 SW 76th Lane	3. Mailing Address: 15570 SW 76th LN
Suite, Apt. #, etc.: A-91	Suite, Apt. #, etc.: A-91
City & State: Miami, FL	City & State: Miami, FL
Zip: 33193 Country: USA	Zip: 33193 Country: USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number: 76-0726777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLIS, OSCAR ~~3299 BIRD AVE. MIAMI, FL 33133~~	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4/29/04 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SOLIS, OSCAR STREET ADDRESS: ~~3299 BIRD AVE.~~ CITY-ST-ZIP: ~~MIAMI, FL 33133~~	☐ Delete	TITLE NAME: Solis, Oscar STREET ADDRESS: 15570 SW 76th Lane A-91 CITY-ST-ZIP: Miami, FL 33193	☒ Change ☐ Addition
TITLE: VSD NAME: SOLIS, OSCAR STREET ADDRESS: ~~3299 BIRD AVE.~~ CITY-ST-ZIP: ~~MIAMI, FL 33133~~	☐ Delete	TITLE: VSD NAME: Solis, Oscar STREET ADDRESS: 15570 SW 76th Lane A-91 CITY-ST-ZIP: Miami, FL 33193	☐ 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/29/04 Date 305-235-3968 Daytime Phone #