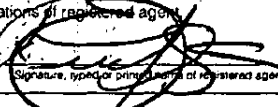
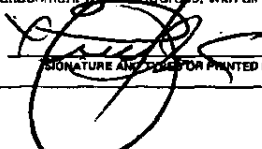


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90416 014 ***150.00

DOCUMENT # P03000029054 1. Entity Name OSCARS METAL, CORP.			
Principal Place of Business 3299 BIRD AVE. MIAMI, FL 33133		Mailing Address 3299 BIRD AVE. MIAMI, FL 33133	
2. Principal Place of Business 15570 SW 76th Lane Suite, Apt. #, etc. A-91		3. Mailing Address 15570 SW 76th Ln Suite, Apt. #, etc. A-91	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33193		Zip 33193	
Country USA		Country USA	
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 SOLIS, OSCAR 3299 BIRD AVE. MIAMI, FL 33133		7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reappointing) DATE: 4/29/04			
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	TITLE SOLIS, OSCAR	NAME SOLIS, OSCAR
STREET ADDRESS 3299 BIRD AVE.	CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS 15570 SW 76th Lane A-91	CITY-ST-ZIP MIAMI, FL 33193
TITLE VSD	NAME SOLIS, OSCAR	TITLE SOLIS, OSCAR	NAME SOLIS, OSCAR
STREET ADDRESS 3299 BIRD AVE.	CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS 15570 SW 76th Lane A-91	CITY-ST-ZIP MIAMI, FL 33193
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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 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: 		DATE: 4/29/04 DAYTIME PHONE: 305-285-3968	