


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90160 022 ***150.00

DOCUMENT # P03000034737		
1. Entity Name AEI SHEET METAL, INC.		

Principal Place of Business 1121 SOUTH MILITARY TRAIL, #293 DEERFIELD BEACH, FL 33442 US	Mailing Address 1121 SOUTH MILITARY TRAIL, #293 DEERFIELD BEACH, FL 33442 US
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2. Principal Place of Business 351 SOUTH CYPRESS RD.		3. Mailing Address 351 SOUTH CYPRESS RD.	
Suite, Apt. #, etc. SUITE #316		Suite, Apt. #, etc. SUITE #316	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060	Country BROWARD	Zip 33060	Country BROWARD



04162004 Chg-P CR2E034 (10/03)

4. FEI Number 32-0069659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE, FL 32302**

7. Name and Address of New Registered Agent

Name MATTHEW J. DESLIPPE
Street Address (P.O. Box Number is Not Acceptable) 351 SOUTH CYPRESS RD.
SUITE #316
City POMPANO BEACH
FL Zip Code 33060

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 reinstating) DATE **4/28/04**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P MATTHEW J. DESLIPPE 351 SOUTH CYPRESS RD, #316 POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V.P. RICHARD L. APPEGATE 351 SOUTH CYPRESS RD, #316 POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY JEFFREY DESLIPPE 351 SOUTH CYPRESS RD, #316 POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER CARRY APPEGATE 351 SOUTH CYPRESS RD, #316 POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/28/04** DAYTIME PHONE # **(954) 575-1733**