2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04 APR 29 PM 1:21 DOCUMENT # P03000110592 1. Entity Name K.J.G. METAL, INC. Principal Place of Business Mailing Address 10090 NW 80TH CT, ART 1402 HIALEAH GARDENS, FL 33016 10090.NW.80TH CT, APT_1402 HIALEAH GARDENS, FL 33016 2. Principal Place of Business 3. Mailing Address Suire. Ant. # etc. Suite, Apt. # etc. 04132004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURAN, JULIO C 10090 NW 80TH CT, APT 1402 Street Address (P.O. Box Number is Not Acceptable) 600035550046 HIALEAH GARDENS, FL 33016 **150.00 ns/06/04--01007--005 Zip Code 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. 8. The abo (IsOTE Registered Agent signature required when reinstating) DATE ame of requisiered agent and tibe diapplicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THLE Delete THLE ☐ Change ROCHA, GERARDO NAME NAME STREET ADDRESS 7720 NW 42ND ST STREET ADDRESS HOLLYWOOD, FL 330248410 CITY - \$1 - 2IP CITY - \$1 - 71P Change HILE Delete TITLE Addition DURAN, JULIO MAMS 10090 NW 80TH CT, APT 1402 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS, FL 33016 CITY-ST-ZIP CITY-ST-ZEP Delete Addition GARCIA, JULIO C NAME NAME STREET ADDRESS 1327 SW 4TH ST, APT. 1 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TID F Delete int s □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ■ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:) ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone