

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 APR 29 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110592					
1. Entity Name K.J.G. METAL, INC.					
Principal Place of Business 10090 NW 80TH CT, APT 1402 HIALEAH GARDENS, FL 33016			Mailing Address 10090 NW 80TH CT, APT 1402 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, JULIO C 10090 NW 80TH CT, APT 1402 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature:			Date: 05/06/04		
Amended AR is \$61.25			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROCHA, GERARDO 7720 NW 42ND ST HOLLYWOOD, FL 330248410				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DURAN, JULIO 10090 NW 80TH CT, APT 1402 HIALEAH GARDENS, FL 33016				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARCIA, JULIO C 1327 SW 4TH ST, APT. 1 MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: Daytime Phone: #					