
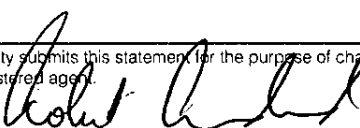
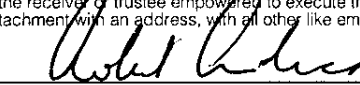


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90100 042 \*\*\*150.00

<b>DOCUMENT # P03000120233</b> 1. Entity Name <b>ALUFAB SOUTHWEST, INC.</b>			
Principal Place of Business <b>13000 NW 130 AVENUE OPA LOCKA, FL 33054</b>		Mailing Address <b>13000 NW 130 AVENUE OPA LOCKA, FL 33054</b>	
2. Principal Place of Business <b>13000 N.W 38th AVE</b>		3. Mailing Address <b>13000 N.W 38th AVE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>OPA LOCKA, FL</b>		City & State <b>OPA LOCKA, FL</b>	
Zip <b>33054</b>		Zip <b>33054</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0350796</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDRADE, ROBERT A 13000 NW 130 AVENUE OPA LOCKA, FL 33054</b>		7. Name and Address of New Registered Agent Name <b>ANDRADE, ROBERT A</b> Street Address (P.O. Box Number is Not Acceptable) <b>13000 N.W 38th AVENUE</b> City <b>OPA LOCKA</b> <b>FL</b> Zip Code <b>33054</b>	
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  DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANDRADE, ROBERT A 13000 NW 1130 AVENUE OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, ROBERT A 1553 N.W 102ND DRIVE CORAL SPRING, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANDRADE, RICHARD D 13000 NW 130 AVENUE OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ANDRADE, RICHARD D 4812 N.W 66th DRIVE FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 <b>4/1/04</b> Daytime Phone # <b>(352) 681-4701</b>	