

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90231 047 ***150.00

DOCUMENT # P03000137490 1. Entity Name R. PINEDA METAL PARTITION CORP																																			
Principal Place of Business 7251 SW 82 STREET 11 MIAMI, FL 33143		Mailing Address 7251 SW 82 STREET 11 MIAMI, FL 33143																																	
2. Principal Place of Business 11080 SW 63 Terr Suite, Apt. #, etc.		3. Mailing Address 11080 SW 63 Terr Suite, Apt. #, etc.																																	
City & State Miami FL		City & State Miami FL																																	
Zip 33173		Zip 33173																																	
Country		Country																																	
6. Name and Address of Current Registered Agent PINEDA, RODOLFO 7251 SW 82 STREET 11 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11080 SW 63 Terr City Miami FL Zip Code 33173																																	
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: <i>[Signature]</i> Rodolfo Pineda Pres. DATE: 3/10/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P PINEDA, RODOLFO 7251 SW 82 STREET #11 MIAMI, FL 33143 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINEDA, RODOLFO 7251 SW 82 STREET #11 MIAMI, FL 33143 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P Pineda, Rodolfo 11080 SW 63 Terr Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pineda, Rodolfo 11080 SW 63 Terr Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <i>[Signature]</i> Rodolfo Pineda <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/10/04 Daytime Phone #: 305-218-2496																																	