


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 023 ***150.00

DOCUMENT # P03000137490 1. Entity Name R. PINEDA METAL PARTITION CORP																																																																										
Principal Place of Business 11080 SW 63 TERR MIAMI, FL 33173			Mailing Address 11080 SW 63 TERR MIAMI, FL 33173																																																																							
2. Principal Place of Business		3. Mailing Address																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																								
City & State		City & State																																																																								
Zip	Country	Zip	Country																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																							
PINEDA, RODOLFO 11080 SW 63 TERR MIAMI, FL 33173			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																							
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> Per Rodolfo Pineda 4/1/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing)</small>																																																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																								
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PINEDA, RODOLFO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11080 SW 63 TERR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td><td></td></tr> <tr><td>STREET ADDRESS</td><td> </td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td> </td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	PINEDA, RODOLFO		STREET ADDRESS	11080 SW 63 TERR		CITY - ST - ZIP	MIAMI, FL 33173																										TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X <i>[Signature]</i> Rodolfo Pineda Per 4/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																										