2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P03000139120

Entity Name: SOLAK ALUMINUM, INC.

Current Principal Place of Business:

6142 MONTANA AVENUE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6142 MONTANA AVENUE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 54-2131828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLAK, WILLIAM E
6142 MONTANA AVENUE
NEW PORT RICHEY, FL 34653

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOLAK, WILLIAM E
Address: 6142 MONTANA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SOLAK, WILLIAM E
Address: 6142 MONTANA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Change (X) Addition
Name: SOLAK, DOUGLAS M
Address: 5105 BONITA DRIVE, N
City-St-Zip: NEW PORT RICHEY, FL 34652-440

Title: S ( ) Change (X) Addition
Name: SOLAK, DAVID
Address: 3917 RUDDER WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. SOLAK DPT 04/21/2004

Electronic Signature of Signing Officer or Director — Date