2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						FILED				
DOCUMENT # P03000152332 1. Entity Name PROFESSIONAL IRON ORNAMENTAL, CORP.						05 MAY	-3 lH	9: 53		
200.02				1100	:	UEC:	CCEL.	i skildi	<u>*</u>	
Principal Place of Business 3625 PEMBROKE RD.		Mailing Address 3625 PEMBROKE RD.			11.10					
C-16 HOLLYWOOD, FL 33021		C-16 HOLLYWOOD, FL 33021								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-P	CR2E034	(10/03)	05		
City & State		City & State		4. FEI Numbe	62317	<u> </u>	 	plied For		
Zip Country		Zip	Country			of Status Desired	רו \$	8.75 Addi	itional	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	re	ent	,	
TOMASINI	ALDEDTO	Name								
TOMASINI, ALBERTO 3625 PEMBROKE RD. C-16			Street Address (P.O. Box Number is Not Acceptable)							
HOLLYWOOD, FL 33021										
				City FL Zip Code						
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										
	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	: Registered	d Agent signature required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr	-	· _ ++.	00 May Be ed to Fees				į	
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11	
TITLE	PVST	☐ Delete	TITLE		ADDITION OF	57 7 11 GED 10 OLI		☐ Change	Addition	
NAME STREET ADDRESS	TOMASINI, ALBERTO P.O. BOX 52-3238		MAME STRE	E Et address						
CITY-ST-ZIP	MIAMI, FL 33152		CITY	-ST-ZIP						
TITLE NAME	D TOMASINI, ALBERTO	☐ Delete	TITLE					_ Change	☐ Addition	
STREET ADDRESS	P.O. BOX 52-3238		STRE	ET ADDRESS	51 05/13	0 0054 7/050102	6713 2000	345		
CITY-ST-ZIP	MIAMI, FL 33152		CITY-	-St-ZIP	00/1	703 0102				
NAME		∟ Delete	NAME	1			L	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				et adoress • St-Zip						
TITLE	<u> </u>	☐ Delete	TITLE				[Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	E et adoress						
CITY+ST-ZIP				-ST-ZiP						
TITLE NAME		☐ Delete	TITLE NAME	i			ί	_ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP TITLE		☐ Delete	CITY-	-ST-ZIP				☐ Change	☐ Addition	
NAME		L Dilai	MAME					0.10.190		
STREET ADDRESS CITY+ST-ZIP				et address • St - Zip					ł	
12 I hereby r	certify that the information supplied wit on this report or supplemental report	th this filing does not qualify for is true and accurate and that n	the exer	motion stated in Se	ction 119.07(3)(i), Florida Statutes. as if made under	I further certify oath; that I arr	that the in an officer	formation or director	
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 optristee 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 SKINING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date										