

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90117 042 ***150.00

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000152332 1. Entity Name PROFESSIONAL IRON ORNAMENTAL, CORP.					
Principal Place of Business 3625 PEMBROKE RD. C-16 HOLLYWOOD, FL 33021			Mailing Address 3625 PEMBROKE RD. C-16 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 3625 PEMBROKE RD		3. Mailing Address 3625 PEMBROKE RD			
Suite, Apt. #, etc. C-6		Suite, Apt. #, etc. C-6			
City & State HOLLYWOOD		City & State HOLLYWOOD			
Zip 33021		Country FLORIDA		Zip 33021	
Country FLORIDA		Country FLORIDA			
4. FEI Number 20-0623170			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TOMASINI, ALBERTO 3625 PEMBROKE RD. C-16 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name TOMASINI, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 3625 PEMBROKE RD C-6 City HOLLYWOOD FL Zip Code 33021		
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> 1-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOMASINI, ALBERTO P.O. BOX 52-3238 MIAMI, FL 33152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOMASINI, ALBERTO 9015 SW 125 AVE APT 308 MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMASINI, ALBERTO P.O. BOX 52-3238 MIAMI, FL 33152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMASINI, ALBERTO 9015 SW 125 AVE APT 308 MIAMI FL 33186	
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 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: <i>[Signature]</i> 1-30-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					