2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152332

Entity Name: PROFESSIONAL IRON ORNAMENTAL, CORP.

FILED Mar 13, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3625 PEMBROKE RD. C-6

HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

3625 PEMBROKE RD. 9445 HAITIAN DRIVE C-6 CUTLER BAY, FL 33189 HOLLYWOOD, FL 33021

FEI Number: 20-0623170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOMASINI, ALBERTO

3625 PEMBROKE RD.

C-6

HOLLYWOOD, FL 33021 US

TOMASINI, LORENA M
9445 HAITIAN DRIVE
CUTLER BAY, FL 33189 US

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: LORENA TOMASINI 03/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: P (X) Change () Addition

 Name:
 TOMASINI, ALBERTO
 Name:
 TOMASINI, ALBERTO

 Address:
 9015 SW 125TH AVE APT 308
 Address:
 9015 SW 125TH AVE APT 308

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: D () Delete Title: S (X) Change () Addition
Name: TOMASINI. ALBERTO Name: TOMASINI. LORENA M

Address: 9015 SW 125TH AVE APT 308 Address: 9015 SW 125TH AVE APT 308

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 TOMASINI, LESLIE G

 Address:
 Address:
 9015 SW 125TH AVE APT 308

City-St-Zip: City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALBERTO TOMASINI PRE 03/13/2009