


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 034 ***150.00

DOCUMENT # P03000152843			
1. Entity Name MONTALTO ALUMINUM, INC.			
Principal Place of Business 3960 18TH AVE. SE NAPLES FL 34117		Mailing Address 3960 18TH AVE. SE NAPLES FL 34117	
2. Principal Place of Business 3960 18th Ave SE		3. Mailing Address same	
Suite, Apt. #, etc. Naples, FL		Suite, Apt. #, etc. same	
City & State 34117 USA		City & State same	
Zip 34117	Country USA	Zip same	Country same
6. Name and Address of Current Registered Agent MONTALTO, KAROL 3960 18TH AVE. SE NAPLES FL 34117		7. Name and Address of New Registered Agent same	
Name MONTALTO, KAROL		Name same	
Street Address (P.O. Box Number is Not Acceptable) 3960 18TH AVE. SE		Street Address (P.O. Box Number is Not Acceptable) same	
City NAPLES		City same	
State FL		State same	
Zip Code 34117		Zip Code same	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PTD MONTALTO, MARC 3960 18TH AVE. SE NAPLES FL 34117 <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	VSD MONTALTO, KAROL 3960 18TH AVE. SE NAPLES FL 34117 <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
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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 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 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: Karol Montalto		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Karol Montalto	
Date 4/26/05		Daytime Phone # 239-455-8942	