2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 09, 2005 8:00 am Secretary of State DOCUMENT # P04000000471 1. Entity Name 05-09-2005 90295 025 ***150.00 VC ORNAMENTAL IRON, INC. Principal Place of Business Mailing Address 2945 SW 23RD TERR 2945 SW 23RD TERR MIAMI FL 33145 MIAMI FL 33145 50050959 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 20-0544296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAREAGA, RODOLFO V 2945 SW 23RD TERR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be-\$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 110. 11. TITLE ☐ Delete TITLE Addition CAREAGA, AleidA V. CAREAGA, RODOLFO V NAME NAME 2945 S.W 23 TERR 2945 SW 23RD TERR STREET ADDRESS STREET ADDRESS Milmi fl 33/41 CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP ☐ Detete Сhaлge TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF THE ☐ Delete TITLE Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HILLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 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

with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

changed, or on an attackment with an address

SIGNATURE

FILED