

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000113171**

1. Entity Name

**METAL MASTERS OF PENSACOLA, INC.**



Principal Place of Business

**9601 N PALAFOX STREET  
BLDG 3A  
PENSACOLA, FL 32534**

Mailing Address

**9601 N PALAFOX STREET  
BLDG 3A  
PENSACOLA, FL 32534**



03152006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1447714**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAMIREZ, JOE A  
10396 COVE AVE  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

1100000503333  
04/26/06-80029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

RAMIREZ, JOE A

STREET ADDRESS

10396 COVE AVE

CITY-ST-ZIP

PENSACOLA, FL 32534

TITLE

VP

NAME

RAMIREZ, J SERENA

STREET ADDRESS

10396 COVE AVE

CITY-ST-ZIP

PENSACOLA, FL 32534

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. Serena Ramirez, VP**

Date

**4/10/06**

Daytime Phone #

**(850)969-9786**