## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P04000132806 1. Entity Name METALTEX CORPORATION Principal Place of Business Mailing Address 10555 SUNSET ISLES COURT P O BOX 740303 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33474** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 38-2563347 Not Applicable Ζıρ Country Ζιρ 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 FRANCES, ELIE H Street Address (P.O. Box Number is Not Acceptable) 10555 SUNSET ISLES COURT **BOYNTON BEACH FL 33437** 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. Signature Sanitare, repedior prered harve sting surred repetiand (1.6.1 impleason). DATE (NOTE: Registured Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. H00000892922 Change TITLE ☐ Defete TITLE FRANCES, ELIE H NAME NAME 10555 SUNSET ISLES CT STREET ADDRESS STREET ADDRESS CITY - ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE ☐ Dalete TITLE Change Addition FRANCES, LEAH B NAME MAME STREET ADDRESS 10555 SUNSET ISLES CT STREET ADDRESS DITY-ST-7IP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE Derete THLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE Deiete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliermental report is frue 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.

STREET ADDRESS

City-ST-ZIP

SIGNATURE

STREET ADDRESS

SITY-ST-ZIP

SIGNATURE AND PYRED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

4/10/0

561-154-5405