2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136338

Current Principal Place of Business:

Entity Name: CHOTOO ALL ALUMINUM INC

FILED May 19, 2005 Secretary of State

Certificate of Status Desired ()

5319 TREE TOPS DRIVE	5319 TREE TOPS DRIVE
NAPLES, FL 34113	NAPLES, FL 34113 US
Current Mailing Address:	New Mailing Address:
5319 TREE TOPS DRIVE	5319 TREE TOPS DRIVE
NAPLES, FL 34113	NAPLES, FL 34113 US

FEI Number Not Applicable ()

Name and Address of Current Registered Agent:

CHOTOO, DULARIE 5319 TREE TOPS DRIVE NAPLES, FL 34113

FEI Number: 90-0129946

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:

Electronic Signature of Registered Agent Date

Name and Address of New Registered Agent:

New Principal Place of Business:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

FEI Number Applied For ()

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CHOTOO, DULARIE CHOTOO, DULARIE Name: Name: 5319 TREE TOPS DRIVE 5319 TREE TOPS DRIVE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 US Title: Title: (X) Change () Addition () Delete Name: DURITY, ANTHONY Name: DURITY, ANTHONY 5319 TREE TOPS DRIVE 5319 TREE TOPS DRIVE Address: Address: NAPLES, FL 34113 US NAPLES, FL 34113 City-St-Zip: City-St-Zip:

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

GALAZAR, JUAN Name: GALAZAR, JUAN Name: 3515 MINDI AVENUE 3515 MINDI AVENUE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 US

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

HOLDER, CHRISTOPHER HOLDER, CHRISTOPHER Name: Address: 5355 SCHOLT STREET Address: 5355 SCHOLT STREET City-St-Zip: City-St-Zip: NAPLES, FL 34113 NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: DULARIE CHOTOO 05/19/2005