

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136338

Entity Name: CHOTOO ALL ALUMINUM INC

FILED
Sep 09, 2009
Secretary of State

Current Principal Place of Business:

5319 TREE TOPS DRIVE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

5319 TREE TOPS DRIVE
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 90-0129946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOTOO, DULARIE
5319 TREE TOPS DRIVE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHOTOO, DULARIE
Address: 5319 TREE TOPS DRIVE
City-St-Zip: NAPLES, FL 34113 US

Title: V () Delete
Name: DURITY, ANTHONY
Address: 5319 TREE TOPS DRIVE
City-St-Zip: NAPLES, FL 34113 US

Title: T () Delete
Name: GALAZAR, JUAN
Address: 3515 MINDI AVENUE
City-St-Zip: NAPLES, FL 34112 US

Title: S () Delete
Name: HOLDER, CHRISTOPHER
Address: 5355 SCHOLT STREET
City-St-Zip: NAPLES, FL 34113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DULARIE CHOTOO

PRES

09/09/2009

Electronic Signature of Signing Officer or Director

Date