

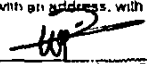
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APARICIO

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 039 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000157035					
1. Entity Name W.R. CUSTOM METALS INC.					
Principal Place of Business 4335 E 11TH AVE HIALEAH, FL 33013			Mailing Address 4335 E 11TH AVE HIALEAH, FL 33013		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1896696	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, WALTERIO 15164 SW 20TH ST MIAMI, FL 33185				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RIVERA, WALTERIO		NAME		
STREET ADDRESS	15164 SW 20TH ST		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33185		CITY-STATE-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CUELLAR, EVELYN		NAME		
STREET ADDRESS	15164 SW 20 ST		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33185		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 807, 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 _____ Date _____ Daytime Phone # _____					

40093300



05012008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1896696Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, WALTERIO
15164 SW 20TH ST
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00
9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
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10. OFFICERS AND DIRECTORS

 TITLE PD ☐ Delete
 NAME RIVERA, WALTERIO
 STREET ADDRESS 15164 SW 20TH ST
 CITY-STATE-ZIP MIAMI, FL 33185

 TITLE S ☐ Delete
 NAME CUELLAR, EVELYN
 STREET ADDRESS 15164 SW 20 ST
 CITY-STATE-ZIP MIAMI, FL 33185

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ Delete
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 TITLE ☐ Delete
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 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE ☐ Change ☐ Addition
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 TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #