## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Jul 27, 2006 8:00 am Secretary of State DOCUMENT # P05000112523 01-25-2006 90027 020 \*\*\*150.00 07-27-2006 90017 044 \*\*\*150.00 REYES ALUMINUM, INC. Principal Place of Business Mailing Address 401000 4407 W HANNA AVE 4407 W HANNA AVE TAMPA, FL 33614 TAMPA, FL 33614 07222006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYES, BRYANT Street Address (P.O. Box Number is Not Acceptable) 4407 W HANNA AVE TAMPA, FL 33614 Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. POSO00112523 TITLE TITLE ☐ Addition REYES, BRYANT NAME NAME 4407 W HANNA AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-7IP THEF ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thereby certify that the information supplied with this filling 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 a