


FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 026 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000128980 1. Entity Name GAG ALUMINUM IRONS, INC.	
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Principal Place of Business 250 24 SW 128TH PLACE HOMESTEAD, FL 33032	Mailing Address 250 24 SW 128TH PLACE HOMESTEAD, FL 33032
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50014551



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 42-1680499	Applied For Not Applicable
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03132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUILLEN, GLAUCA A 250 24 SW 128TH PLACE HOMESTEAD, FL 33032		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT GUILLEN, GLAUCA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, GLAUCA A	NAME	
STREET ADDRESS	250 24 SW 128TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLNAID, MARIA	NAME	
STREET ADDRESS	250 24 SW 128TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 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.

SIGNATURE: *[Signature]* Date: 4/18/06 Daytime Phone #: 786(663-4754)