2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064207

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: ESTRADA, FRANCISCO J

(X) Delete

15865 SW 147 STREET

ESTRADA, FRANCISCO J

15865 SW 147TH STREET

MIAMI, FL 33196

MIAMI, FL 33196

VSTD

FILED Feb 12, 2008 Secretary of State

Entity Na	me: MFHSH	EET METAL FABRICATORS, (CORP.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
17901 NW MIAMI CT MIAMI, FL 33169			17901 NW N MIAMI B	MIAMI CT EACH, FL 33169	US		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
17901 NW MIAMI, FL	/ MIAMI CT 33169		17901 NW N MIAMI B	MIAMI CT EACH, FL 33169	US		
FEI Number	: 20-4842214	FEI Number Applied For()	FEI Number Not App	licable () Cer	tificate of Status Desii	red (X)	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
7539 NW MIAMI, FL	33166 US e named entity e of Florida.		ourpose of changing i	ts registered office	or registered agent	t, or both,	
	Electro	nic Signature of Registered Age	ent		Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CAMPESTRIN 4376 NW 14TH	STREET	Title: Name: Address: City-St-Zip:	PD (X) Chai CAMPESTRINI, MAR 4376 NW 14TH STRI COCONUT CREEK, I	EET		
Title: Name: Address: City-St-Zip:	CAMPESTRIN 4376 N W 14 S		Title: Name: Address: City-St-Zip:	VPST (X) Char ESTRADA, FRANCIS 15865 SW 147 STRE MIAMI, FL 33196 US	EET		
Title [.]	ST ()	() Delete	Title [.]	() Char	nge () Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MARCOS CAMPESTRINI Ρ 02/12/2008

() Change () Addition