

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90102 010 ***150.00

60003617



DOCUMENT # P06000102411 1. Entity Name METALPLEX GROUP, CORP.																																			
Principal Place of Business 10839 NW 29TH ST DORAL, FL 33172		Mailing Address 10839 NW 29TH ST DORAL, FL 33172																																	
2. Principal Place of Business - No P.O. Box # 7482 NW 54 ST		3. Mailing Address 7482 NW 54 ST																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State Miami FL		City & State Miami FL																																	
Zip 33166		Zip 33166																																	
Country US		Country US																																	
4. FEI Number 20-5335170		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent DI JULIO, MARIANO 10839 NW 29TH ST DORAL, FL 33172		7. Name and Address of New Registered Agent Name: MARIANO DI JULIO Street Address (P.O. Box Number is Not Acceptable) 7482 NW 54 ST City: Miami FL Zip Code: 33166																																	
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:		DATE: 1/12/07																																	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE PD NAME DI JULIO, MARIANO STREET ADDRESS 10839 NW 29TH ST CITY-ST-ZIP DORAL, FL 33172 </td> <td style="width: 50%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE PD NAME DI JULIO, MARIANO STREET ADDRESS 10839 NW 29TH ST CITY-ST-ZIP DORAL, FL 33172	<input checked="" type="checkbox"/> Delete															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE PD NAME MARIANO DI JULIO STREET ADDRESS 7482 NW 54 ST CITY-ST-ZIP Miami FL 33166 </td> <td style="width: 50%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE PD NAME MARIANO DI JULIO STREET ADDRESS 7482 NW 54 ST CITY-ST-ZIP Miami FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:		DATE: 1/12/07 (305) 599-3800																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																	