2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 27, 2007 8:00 am

DOCUMENT # P06000124616 1. Entity Name CUSTOM METAL SOLUTIONS, CORP.					02-16-2007 90043 020 ***150.00			
Principal Place of Business Mailing Address					7			
333 NE 59 1 MIAMI, FL 3	.5 1 5	333 NE 59 TERRACE MIAMI, FL 33137				6021490	1787 - 1787 - 1887 - 1887 - 1887 - 1887 - 1887	a Willem by et eller
2. Principal Place of Business - No P O Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312007	Chg-P	CR2E034 (12/06	5)
City & State		City & State			4. FEI Numb	e 06-179	15065	Applied For Not Applicable
Zip	Country	Zip	Country	<u>′ </u>	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent				N	7. Name and	Address of New R	egistered Agent	
ROS, MARIA V				Name				
220 MIRA STE, 206			Street Address		P.O. Box Numb	er is Not Acceptable)	
CORAL GABLES, FL 33134								
				City			FL Zip Co	xde
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.								
The congruence of agreemed again.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
			ioution.	Add				
10.	OFFICERS AND		11.	_ - ,	ADDITIONS.	CHANGES TO OFFI	CERS AND DIRECTO	
21. 8	CHAVEZ, EDGAR ALBERTO	☐ Defete	TIFLE NAME				Change	Addition
"HEET ADDRESS	9 KNAPP ST., APT 504			ADORESS				
"Y-\$T-ZIP	BOSTON, MS 02111 cin		CITY-ST	- 215		·		
' ILE		Delets	FITLE				☐ Change	■ Addition
NAME SIPEE (ADDRESS)			NAMÉ STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST					
TITLE		☐ Delete	TITLE		******		☐ Change	☐ Addition
CAME			NAME	.000000				
STREET ADDRESS		÷	STREET A	1				
· .E		☐ Delete	TITLE				☐ Change	☐ Addition
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t 11-ST-78P			STREET A					
1 17.5		☐ Delete	TITLE		_		Change	Attaition
HAME			NAME				E overige	
STREET ADDRESS CITY-ST-ZIP			STREET A	ľ				l
11.6		☐ Delete	TITLE				Chase	☐ And ties
".ANE		□ Octob	NAME	-			☐ Change	Addition
STHEET ADDRESS			STREET A	,				
7 - \$1 - ZiP			CITY-ST-	ZP				

12. Thereby certify that the information supplied with this fitting 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 507. 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 TYPE) OR PRINTED NAME OF JOHN DO OFFICER OR DIRECTOR

01-31-07

Date

Daylime Phone a