


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

02-16-2007 90043 020 ***150.00

66021490



DOCUMENT # P06000124616																	
1. Entity Name CUSTOM METAL SOLUTIONS, CORP.																	
Principal Place of Business 333 NE 59 TERRACE MIAMI, FL 33137			Mailing Address 333 NE 59 TERRACE MIAMI, FL 33137														
2. Principal Place of Business - No P.O. Box #			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
				Country													
6. Name and Address of Current Registered Agent ROS, MARIA V 220 MIRACLE MILE STE. 206 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code													
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 reappointing) DATE _____																	
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																	
<table border="1"> <tr> <td>NAME</td> <td>PTD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHAVEZ, EDGAR ALBERTO</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9 KNAPP ST., APT 504 BOSTON, MS 02111</td> <td></td> </tr> </table>						NAME	PTD	<input type="checkbox"/> Delete	STREET ADDRESS	CHAVEZ, EDGAR ALBERTO		CITY-STATE-ZIP	9 KNAPP ST., APT 504 BOSTON, MS 02111				
NAME	PTD	<input type="checkbox"/> Delete															
STREET ADDRESS	CHAVEZ, EDGAR ALBERTO																
CITY-STATE-ZIP	9 KNAPP ST., APT 504 BOSTON, MS 02111																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-STATE-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 another like empowered.																	
SIGNATURE: <u>Edgar Chavez</u> 01-31-07 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	