

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90361 019 \*\*\*150.00

**DOCUMENT # P94000024308**

1. Entity Name

METAL-EAGLE, INC.



Principal Place of Business

3900 NW 79TH AVE STE 429  
MIAMI FL 33166  
US

Mailing Address

3900 NW 79TH AVE STE 429  
MIAMI FL 33166  
US

2. Principal Place of Business

2853 Executive Park Dr

3. Mailing Address

2853 Executive Park Dr

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Weston FL

City & State

Weston FL

Zip

33331

Country

US

Zip

33331

Country

US

6. Name and Address of Current Registered Agent

VELASQUEZ RICO, ALVARO  
2816 CENTER COURT DR  
WESTON FL 33332

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 *Alvaro Velasquez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME RICO, ALVARO V  
STREET ADDRESS 9743 S.W. 138TH AVE.  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE VD  
NAME MONTERO, GIOVANNY  
STREET ADDRESS 9743 S.W. 138TH AVE.  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE TD  
NAME MONSERRATTE, JOSE G  
STREET ADDRESS 9743 S.W. 138TH AVE.  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alvaro Velasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

Daytime Phone #

44041832



MOORE

CR2E034 (11/03)

4. FEI Number

65-0484364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**