

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000013359**

1. Entity Name  
**G. METAL, CORP.**



Principal Place of Business  
**3670 NW 49 STREET  
MIAMI, FL 33142**

Mailing Address  
**3670 NW 49 STREET  
MIAMI, FL 33142**



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0557907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VALDES, OMAR  
500 SW 16 AVE  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PVSD
NAME	VALDES, OMAR
STREET ADDRESS	500 SW 16 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	GUTIERREZ, JUAN C
STREET ADDRESS	500 HUNTING LODGE DR
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	GUTIERREZ, LUIS A
STREET ADDRESS	2945 NW 15 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/07-80081-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

Date

*04-02-07*

Daytime Phone #