

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90126 015 ***150.00

DOCUMENT # P96000024628 1. Entity Name SAILFISH ALUMINUM, INC,					
Principal Place of Business 861 SW LAKEHURST UNIT D PORT ST LUCIE, FL 34983			Mailing Address 861 SW LAKEHURST UNIT D PORT ST. LUCIE, FL 34983		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent JACKSON, BRUCE 861 SW LAKEHURST DRIVE UNIT D PORT ST. LUCIE, FL 34983			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, a the obligations of registered agent. SIGNATURE 4/15/05 <small>Signature, typed or printed name of registered agent and zip code</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Added		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE <input type="checkbox"/> Delete NAME JACKSON, BRUCE STREET ADDRESS 861 SW LAKEHURST DR CITY-ST-ZIP PORT ST. LUCIE, FL 34983			TITLE <input type="checkbox"/> Change NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change NAME STREET ADDRESS CITY-ST-ZIP		
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 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 B changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 4/15/05 (772) 336-3409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		