


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 022 ***150.00

DOCUMENT # 096000 102674 ✓	
1. Entity Name Puerto Rico Tool + Fasteners	

10091377

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7265 W 19 CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State Hialeah, FL		City & State	
Zip 33014	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0715724		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Infesta, Felix O.	
	Street Address (P.O. Box Number is Not Acceptable) 7265 W 19 CT	
	City Hialeah	State FL Zip Code 33014

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]	DATE 4/26/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pres Hernandez, Carlos 7265 W 19 CT MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DR Infesta, Felix O. 7265 W 19 CT Hialeah, FL 33014	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with authority like empowered.	
SIGNATURE: [Signature]	DATE 4/26/03 (305) 822-6560

CR2E034B (12/02)