2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90011 010 ***150.00

DOCUMENT # P97000012836

1. Entity Name
METAL TRADING & MANAGEMENT SERVICE, INC.

54017541

Principal Place of Business	Mailing Address
1411 CAPE CORAL PKWY E CAPE CORAL, FL 33904	WILFRIED MAIER 2022 S.E. 21ST LANE CAPE CORAL, FL 33990

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1411 Cape Coral Pkwy. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Cape Coral, FL.
Zip / Country	Zip 33904 / Country USA

4. FEI Number 65-0733091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIER, WILFRIED 2022 S.E. 21ST LANE CAPE CORAL, FL 33990	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 ____ 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

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PVST NAME MAIER, WILFRIED STREET ADDRESS 2022 SE 21ST LANE CITY-ST-ZIP CAPE CORAL, FL 33990	☒ Delete	TITLE PVST NAME Maier, Wilfried STREET ADDRESS 4122 SE 1 ST Place CITY-ST-ZIP Cape Coral, FL. 33904	☒ Change ☐ Addition
TITLE D NAME MAIER, WILFRIED STREET ADDRESS 2022 SE 21ST LANE CITY-ST-ZIP CAPE CORAL, FL 33990	☒ Delete	TITLE D NAME Maier, Wilfried STREET ADDRESS 4122 SE 1 ST Place CITY-ST-ZIP Cape Coral, FL. 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: W. Maier, Pres. 03/10/04 239-297-2269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #