

2005 FOR PROFIT CORPORATION ANNUAL REPORT


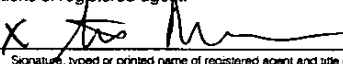
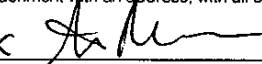
FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 045 ***150.00

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02142005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000018846					
1. Entity Name TONY RODRIGUES METAL FRAMING, INC.					
Principal Place of Business 6298 POMPANO ST JUPITER, FL 33458		Mailing Address 6298 POMPANO ST JUPITER, FL 33458			
2. Principal Place of Business 4600 Windswept Pines Ct Suite, Apt. #, etc.		3. Mailing Address P.O. Box 421 Suite, Apt. #, etc.			
City & State Tequesta, FL		City & State Jupiter, FL		4. FEI Number 65-0733544	
Zip 33469		Country USA		Applied For Not Applicable	
Zip 33468		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUES, TONY 6298 POMPANO ST JUPITER, FL 33458			7. Name and Address of New Registered Agent Name: Tony Rodrigues Street Address (P.O. Box Number is Not Acceptable): 4600 Windswept Pines Ct. City: Tequesta FL Zip Code: 33469		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2-15-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	Delete <input type="checkbox"/>		TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME RODRIGUES, TONY			NAME Rodrigues, Tony		
STREET ADDRESS 6298 POMPANO ST			STREET ADDRESS P.O. Box 421		
CITY-ST-ZIP JUPITER, FL 33458			CITY-ST-ZIP Jupiter, FL 33468		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: 		Date: 2-15-05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					