2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P97000022133** Jan 30, 2006 08:00 AM 1. Entity Name Secretary of State INDUMET, INC. Principal Place of Business Mailing Address 3760 N.W. 80TH ST. 3760 N.W. 80TH ST. MIAMI, FL 33147 MIAMI, FL 33147 CR2E034 (11/05) 01202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0733555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VENTURA, JORGE DO NOT WRITE 8210 NW 162 ST MIAMI LAKEDS, FL 33016 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) 100000407736 02/08/06-80032-019 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VENTURA, JORGE NAME 8210 NW 162 ST STREET ADDRESS CiTY-ST-7iP MIAMI LAKES, FL 33016 VΡ TITLE VENTURA, ARMINDA STREET ADDRESS 8210 NW 162 ST CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 employered 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 actives, with all other like-empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

HIGHAT THE AND TYPED OR PRINTED NAME OF STEADING OFFICER OR DIRECTOR

01/28/06

Daytime Phone #