

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046195

Entity Name: MENDEZ ALUMINIUM INC.

FILED  
Mar 15, 2007  
Secretary of State

**Current Principal Place of Business:**

16915 NW 51ST PLACE  
CAROL CITY, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

16915 NW 51ST PLACE  
CAROL CITY, FL 33055

**New Mailing Address:**

FEI Number: 65-0921576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, JOSE ALBERTO  
16915 NW 51ST PLACE  
CAROL CITY, FL 33055 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENDEZ, JOSE ALBERTO  
Address: 16915 NW 51ST PLACE  
City-St-Zip: CAROL CITY, FL 33055

Title: D ( ) Delete  
Name: GARCIA, INES  
Address: 16915 NW 51 PL  
City-St-Zip: CAROL CITY, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ALBERTO MENDEZ

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03/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date