

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006201

1. Entity Name
ACREAGE ALUMINUM, INC.



Principal Place of Business
4912 GEORGIA AVE
#8
WEST PALM BEACH, FL 33405

Mailing Address
4912 GEORGIA AVE
#8
WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

**FILED
May 05, 2004 8:00 am
Secretary of State**

05-05-2004 90193 013 ***158.75

44018001



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0818163	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE A
4912 GEORGIA AVE #8
WEST PALM BEACH, FL 33405

**DO NOT WRITE
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

Jorge Martinez Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-04

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

TITLE	D
NAME	MARTINEZ, JORGE A
STREET ADDRESS	250 BUSINESS PARK WAY, #4 4912 Georgia Ave
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411 w. Palm Beach Fl. 33411
405	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Jorge Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 561-540-4641

Date

Daytime Phone #