

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
1 Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90218 003 ***150.00

DOCUMENT # P98000048008 1. Entity Name ALUMINUM & MORE, INC.	
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Principal Place of Business 332 MAGNIRE ROAD OCOE, FL 34761	Mailing Address 332 MAGNIRE ROAD OCOE, FL 34761
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66001094



01032007 No Chg-P CR2E034 (11/05)

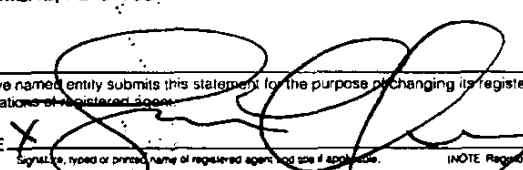
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3520187	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARDENAS, FRANCISCO 9651 GOTH RD WINDERMERE, FL 34786
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**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  DATE 1-9-07

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

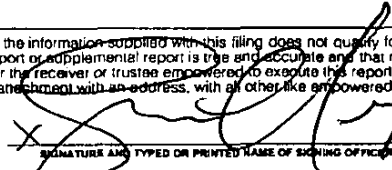
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDENAS, FRANCISCO 9651 GOTH RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CARDENAS, NANCY 9651 GOTH RD WINDERMERE, FL 34786
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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 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 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:  FRANCISCO CARDENAS 407-657-7522
Signature and typed or printed name of signing officer or director President Date