

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P98000057389 2004

1. Entity Name

ALL IRON WORK CORP.

04-19-2004 90735 040 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

94057711

2. Principal Place of Business 4481 S.W. 75th AVE. Suite, Apt. #, etc.		3. Mailing Address 4481 S.W. 75th AVE Suite, Apt. #, etc.		4. FEI Number 65-0852331		Applied For <input type="checkbox"/> Not Applicable	
City & State MIAMI FL 33155-4430		City & State MIAMI FL 33155-4430		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33155		Country DADE		Zip 33155		Country DADE	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VIDAL, MANUEL	
Street Address (P.O. Box Number is Not Acceptable) 4481 S.W. 75th AVE.	
City MIAMI	Zip Code FL 33155-4430

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIDAL MANUEL 4481 S.W. 75th AVE. MIAMI FL 33155-4430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, EDUARDO J. 4481 S.W. 75th AVE. MIAMI FL 33155-4430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL VIDAL PRESIDENT 04/12/04 (305)261-0616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)