

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90422 031 ***150.00

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

DOCUMENT # P99000012598
1. Entity Name
 SOUTH BEACH ALUMINIUM WORK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2768 NW 21 TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
 2768 NW 21 TERRACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number 65-0893701
 Applied For
 Not Applicable

Zip 33142 **Country** USA **Zip** 33142 **Country** USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CASTELLANOS, MIGUEL A.
Street Address (P.O. Box Number is Not Acceptable)
 2768 NW 21 TERRACE

City MIAMI **FL** **Zip Code** 33142

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 *X* _____
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)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE D	NAME CASTELLANOS, MIGUEL A.	TITLE	
STREET ADDRESS 2768 NW 21 TERRACE	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33142	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *X* _____ **4-28-04 305-638-3334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #