

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000022901

1. Entity Name
WEST SIDE IRON AND ALUMINUM WORK, INC.



Principal Place of Business
1550 WEST 29TH STREET
HIALEAH, FL 33012

Mailing Address
1550 WEST 29TH STREET
HIALEAH, FL 33012

FILED

04 MAY 10 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

04

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4. FEI Number
65-0865087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, AMERICA
5246 S.W. 8TH STREET
CORAL GABLES, FL 33134.

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200037439272
06/01/04--01027--022 **1050.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALVAREZ, ORESTES
STREET ADDRESS 1550 W 29 STREET
CITY-ST-ZIP HIALEAH, FL 33010

TITLE VP
NAME ALVAREZ, ANTONIO
STREET ADDRESS 1550 W 29 STREET
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-12-04 ✓ (305) 888-3970
Date Daytime Phone #

6