

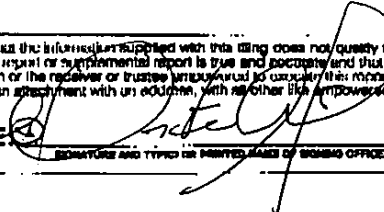
FROM : ACCOUNTING OFFICE

FAX NO. : 3054481648

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90280 003 ***150.00

**2006 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																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent ALVAREZ, AMERICA 6248 S.W. 8TH STREET CORAL GABLES, FL 33134		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: _____ (NOTE: Registered Agent signature required when changing/ed)																																		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">P</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ALVAREZ, ORESTES</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1550 W 29 STREET</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">HIALEAH, FL 33010</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ALVAREZ, ANTONIO</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1550 W 29 STREET</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">HIALEAH, FL 33010</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> </tr> </table>			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		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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12. I hereby certify that the information furnished 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 affidavit, with another like empowered.																																		
SIGNATURE 		4-28-06 305 888 3970																																

66019747

04282006 No Chg-P CR28334 (11/05)

 4. FEI Number **65-0885087** Applied or
Not Applicable

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

**DO NOT WRITE
 IN THIS SPACE**

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