2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 29, 2004 8:00 am DOCUMENT # S33774 **Secretary of State** 1. Entity Name 03-29-2004 90047 027 ***150.00 C.S.-ENGINEERED CASTINGS, INC. Principal Place of Business Mailing Address 1025 S.E. 5TH STREET HIALEAH FL 33010 1025 S.E. 5TH STREET **44UZZUZ4** HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address 5494 N.W. 22 5494 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 65-0258683 LAUDEKDI Not Applicable \$8.75 Additional 5. Certificate of Status Desired ROWARD Fee Required OROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E/EZ VELEZ, MICHAEL A 1025 S.E. 5TH STREET HIALEAH FL 33010 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change : Addition TITLE Hichael A. VELEZ 5494 N.W. 22 DE AVE. VELEZ, MICHAEL A NAME NAME 1025 SE 5 ST STREET ADDRESS STREET ADDRESS 33309, CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #