2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44853

Title:

Name:

Address:

City-St-Zip:

DV

() Delete

POUPORE, RICKY J

203 LANDMARK AV

SATSUMA, FL 32189

FILED May 01, 2008 Secretary of State

Entity Na	me: C&MA	LUMINUM ADDITIONS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1036 S HV SATSUMA	VY 17 ., FL 32189	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1036 S HV SATSUMA	VY 17 ., FL 32189	US				
FEI Number	: 59-3056602	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	ate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
200 REID CAPITEL	ND JR, WILLI ST CITY BANK B FL 3217802	LDG				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or r	egistered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution(). CTORS:	•		FICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP (X POUPORE, G 201 PICKERE SAN MATEO,	L AVE	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name: Address: City-St-Zip:	DST (POUPORE, M 201 PICKERE SAN MATEO,	L AVE	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: Citv-St-Zip:	D (MALLOY, LOU 1042 S HWY SATSUMA. FL	17	Title: Name: Address: City-St-Zip:	EVP (X) Change MALLOY, LOUIS WILFRE 1042 S HWY 17 SATSUMA, FL 32189		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DP

POUPORE, RICKY J

203 LANDMARK AV

SATSUMA, FL 32189

(X) Change () Addition

SIGNATURE: MARCIA A. POUPORE DST 05/01/2008