


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90420 007 ***150.00

DOCUMENT # S48289 1. Entity Name FERRAMETAL SERVICE CORPORATION	
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Principal Place of Business 4995 NW 72ND AVE #210 MIAMI, FL 33166 US	Mailing Address 4995 N.W. 72ND AVENUE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0263102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J.
75 VALENCIA AVENUE
4TH FLOOR
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 _____ 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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANICHELLI, GIORGIO 4995 N.W. 72ND AVE. MIAMI, FL
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12. I hereby certify that the information supplied 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 address with all other like empowered.

SIGNATURE:  GIORGIO ZANICHELLI 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #