## 2008 FOR DEALT CORPORATION

## **FILED 00** Al ate

ANNUAL REPORT				Apr 16, 2008 08:0		
DOCUMENT # S48289  1. Entity Name FERRAMETAL SERVICE CORPORATION					Sec	cretary of St
4995 NW 72	2ND AVE #210	Mailing Address 4995 N.W. 72ND AVENUE MIAMI, FL 33166	The Wall			1891 A 181
DO NOT WRITE IN THIS SPA			CE	04142008 4. FEI Numb 65-026	No Chg-P Ci	R2E034 (11/05)  Applied For   Not Applicable   \$8.75 Additional
6. Name and Address of Current Registered Agent  MULLIN, TERRANCE J. 75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134				DO	NOT WRI	TE
the obligat	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and to the time of time of time of the time of time of the time of time of time of the time of the time of the time of the time of time	le il applicable (NOTE: Registere 9. Efection Campaign Finar	d Agent signature required	when reinstating)		DATE
After M.  10.  IIILE  NAME  STREET ADDRESS	OFFICERS AND DIRI  D  ZANICHELLI, GIORGIO  4995 N.W. 72ND AVE.	Trust Fund Contribution.	☐ Add	ed to Fees	04/29/08-80	9986 007-012 150.00
CITY-SI-ZIP  IITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	MIAMI, FL					
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS						:

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.

CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

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

4-15-08 305-591-1854 Daylime Phone #