


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90028 015 ***150.00

DOCUMENT # V06399 1. Entity Name CUSTOM ORNAMENTAL IRON & ALUMINUM, INC.					
Principal Place of Business 2118 W. PALMA CIRCLE WEST PALM BEACH, FL 33415 US			Mailing Address 2118 W. PALMA CIRCLE WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
07032008 Chg-P CR2E034 (12/06)			4. FEI Number 65-0315460		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent CAIN CATHRYN M. 2118 W PALMA CIRCLE WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$450.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, BUFFORD H. 2118 W. PALMA CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAIN, CATHRYN M. 2118 W PALMA CIRCLE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, CATHRYN M 2118 W. PALMA CIR. WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Bufford H. Cain</i> Bufford H. CAIN (561) 965-4458 Date 7-8-08 Daytime Phone #		