


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 042 ***150.00

DOCUMENT # P03000120233

1. Entity Name
 ALUFAB SOUTHWEST, INC.



Principal Place of Business
 13000 NW 130 AVENUE
 OPA LOCKA, FL 33054

Mailing Address
 13000 NW 130 AVENUE
 OPA LOCKA, FL 33054

2. Principal Place of Business
 13000 N.W 38th AVE

3. Mailing Address
 13000 N.W 38th AVE


Suite, Apt. #, etc.

City & State
 OPA LOCKA, FL

City & State
 OPA LOCKA, FL

Zip
 33054

Country
 USA



03052004 Chg-P CR2E034 (10/03)

4. FEI Number
 20-0350796

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, ROBERT A
 13000 NW 130 AVENUE
 OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name
 ANDRADE, ROBERT A

Street Address (P.O. Box Number is Not Acceptable)
 13000 N.W 38th AVENUE

City
 OPA LOCKA FL

Zip Code
 33054

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: *Robert Andrade* DATE: 4/1/04

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANDRADE, ROBERT A 13000 NW 1130 AVENUE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ANDRADE, ROBERT A 1553 N.W 102ND DRIVE CORAL SPRING, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ANDRADE, RICHARD D 13000 NW 130 AVENUE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ANDRADE, RICHARD D 4812 N.W 66th Drive FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: *Robert Andrade* DATE: 4/1/04 DAYTIME PHONE: (305) 681-4701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR