


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90003 023 ***150.00

DOCUMENT # H96490
 1. Entity Name
AMERICAN SCRAP METAL ALLOY, INC.



Principal Place of Business
824 NW 9 AVENUE
FT. LAUDERDALE, FL 33311

Mailing Address
824 NW 9 AVENUE
FT. LAUDERDALE, FL 33311

44002078



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
RUBIN, STUART L.
2700 W CYPRESS CREEK RD.
SUITE C-100 110
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
59-2645320 Applied For
 Not Applicable

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

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	RUBIN, HYMAN S.	
STREET ADDRESS	7799 SOUTHAMPTON TERRACE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUBIN, HOWARD B.	
STREET ADDRESS	8034 NW 27TH PLACE	
CITY-ST-ZIP	SUNRISE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUBIN, FAYE	
STREET ADDRESS	7799 SOUTHAMPTON TERRACE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, DAVID M.	
STREET ADDRESS	4450 NW 65TH TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	7799 SOUTHAMPTON TERRACE G-107	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	9271 OAK GROVE CIRCLE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	7799 SOUTHAMPTON TERRACE G-107	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Faye Rubin SECRETARY FAYE RUBIN 1-13-04 954-764-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #