


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H96490</b> 1. Entity Name <b>AMERICAN SCRAP METAL ALLOY, INC.</b>	
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Principal Place of Business <b>824 NW 9 AVENUE FT. LAUDERDALE, FL 33311</b>	Mailing Address <b>824 NW 9 AVENUE FT. LAUDERDALE, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2645320</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUBIN, STUART L.  
2700 W. CYPRESS CREEK RD.  
SUITE C-100  
FT. LAUDERDALE, FL 33309**

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THE ABOVE LISTED PARTY SHALL BE RESPONSIBLE FOR THE FULFILLMENT OF THE OBLIGATIONS OF THE REGISTERED AGENT, OR LEVEL, AS SET FORTH IN CHAPTER 607, FLORIDA STATUTES, WHICH SHALL BE 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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	000000190721 01/24/05-80145-010 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUBIN, HYMAN S. 7739 SOUTHAMPTON TERRACE G-407 TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RUBIN, HOWARD B. 9271 OAK GROVE CIRCLE FORT LAUDERDALE, FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RUBIN, FAYE 7739 SOUTHAMPTON TERRACE G-407 FORT LAUDERDALE, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RUBIN, DAVID M. 4450 NW 65TH TERRACE FORT LAUDERDALE, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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:** Hyman S. Rubin **HYMAN S. RUBIN** 01/24/05 95474617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #