

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2645320	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** 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

DO NOT WRITE IN THIS SPACE

B. 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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	RUBIN, HYMAN S.
STREET ADDRESS	7739 SOUTHAMPTON TERRACE G-407
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T
NAME	RUBIN, HOWARD B.
STREET ADDRESS	9271 OAK GROVE CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	S
NAME	RUBIN, FAYE
STREET ADDRESS	7739 SOUTHAMPTON TERRACE G-407
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321
TITLE	V
NAME	RUBIN, DAVID M.
STREET ADDRESS	4450 NW 65TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000601906
 01/26/07-80069-003 158.75

DO NOT WRITE IN THIS SPACE

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 807, 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: David Rubin 1-22-07 954 264 6716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #