

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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**



01092008 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**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	

U00000782633
 01/15/08-80079-016 150.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #