


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90063 011 \*\*\*\*50.00

**DOCUMENT # L03000022828**


1. Entity Name  
**AMERICAN STEEL PRODUCTS, LLC**



Principal Place of Business <b>340 MINORCA AVENUE                  #4                  CORAL GABLES, FL 33134 US</b>	Mailing Address <b>340 MINORCA AVENUE                  #4                  CORAL GABLES, FL 33134 US</b>
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**DO NOT WRITE IN THIS SPACE**

400000



01112006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>42-1598552</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO & GARCIA CPA  
 300 SEVILLA AVE  
 SUITE 201  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

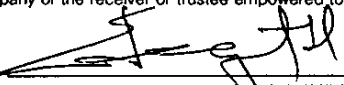
**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGWITZ, EDUARDO 340 MINORCA AVE #4 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER HENRY JURMAN 340 MINORCA AVE #4 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARGA DEGWITZ 340 MINORCA AVE #4 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **EDUARDO DEGWITZ**      01/11/06      305-774-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #