

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90093 042 ***150.00

DOCUMENT # P06000139223 1. Entity Name DANIA BEACH SCRAP METALS & RECYCLING INC.	
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Principal Place of Business 117 PHIPPEN WAITERS RD DANIA, FL 33004-3517	Mailing Address 117 PHIPPEN WAITERS RD DANIA, FL 33004-3517
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2. Principal Place of Business - No P.O. Box # <i>177 PHIPPEN WAITERS RD</i>	3. Mailing Address <i>177 PHIPPEN WAITERS RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>DANIA FL</i>	City & State <i>DANIA FL</i>
Zip <i>33004</i>	Country
Zip <i>33004</i>	Country



03022007	Chg-P	CR2E034 (12/06)
4. FEI Number	<i>20-2253207</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLICK, SANDRA 1911 NW 88TH TERRACE PEMBROKE PINES, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLICK, SANDRA			NAME			
STREET ADDRESS	1911 NW 88TH TERRACE			STREET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES, FL 33024			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *Sandra E. Polick* *Sandra E. Polick* Date *4-7-07* Daviana Phone # *(954) 980-2630*