FILED Jan 12, 2007 08:00 AM Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #452031

1. Entity Name EVERGLADES STEEL CORPORATION



Principal Place of Business

5901 NW 74 AVE MIAMI, FL 33152

Mailing Address

PO BOX 667510 MIAMI, FL 33166



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-1547653

Not Applicable

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDUARDO JOSE J 5901 NW 74TH AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its req	gistered office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and filterif applicable (NOTE Registered)				e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1, 243	A Milan Britani		
TITLE NAME STREET ADDRESS	P GOMEZ, ORLANDO 1222 CORAL WAY				

CITY-ST-ZIP CORAL GABLES, FL 00000, 1111 £ GARCIA, EDUARDO NAME 5005 S.W. 87TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000, TITLE ORLANDO, GARCIA NAME STREET ADDRESS 8501 SW 72 TERRACE MIAMI, FL 33143 CITY-ST-ZIP TITLE NAME GARCIA, ANA STREET ADDRESS 5005 SW 87TH AVE MIAMI, FL 33165 CITY-ST-ZIP TITLE NAME GARCIA, EDUARDO STREET ADDRESS 5005 SW 87TH AVE MIAMI, FL 33165 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

U00000584374 01/12/07-80035-005 150.00

12. Thereby certify that the information supplied with this filling 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 occurate 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, or 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 SIGNAMO OFFICER OR DIRECTOR

Jan 4/07 31

305-591-9460

Daytime Phone #