2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # 163982 1. Entity Name 04-26-2004 90461 011 ***150.00 SEABOARD METALS INC Principal Place of Business Mailing Address 372 SOUTH DR 372 SOUTH DR MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0980396 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRAMA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 372 SOUTH DR MIAMI SPRINGS FL 33166 Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VĎ Delete TITLE T Change ☐ Addition NAME STRAMA, THOMAS NAME 7 PINEWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77024** CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition NAME STRAMA, RICHARD NAME 372 SOUTH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STRAMA, BRENDA STREET ADDRESS 7 PINEWOOD CIRCLE STREET ADDRESS CITY-ST-7IP HOUSTON TX 77024 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition STRAMA, NANCY NAME NAME 372 S DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ___ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

SIGNATURE:

CITY-ST-ZIP

Richard Strang April 15, 2004 (305) 888-37
RORDHECTOR
Date Dayling Phone #

FILED