


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90093 019 \*\*\*150.00

<b>DOCUMENT # 394820</b> 1. Entity Name <b>AMERICAN METALS AND CHEMICAL CORPORATION</b>			
Principal Place of Business <b>2700 N. 29TH AVE SUITE 112 HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>2700 N. 29TH AVE SUITE 112 HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2750 N. 29 Ave</b>		3. Mailing Address <b>P.O. Box 1048</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hollywood FL</b>		City & State <b>Dania, FL 33004</b>	
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33004</b>	Country <b>USA</b>
4. FEI Number <b>59-1373569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REICHENBERG, BARRY D 2700 N. 29TH AVENUE HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>Reichenberg, Barry</b> Street Address (P.O. Box Number is Not Acceptable) <b>2750 N. 29 Ave</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PVST</b> <input checked="" type="checkbox"/> Delete	NAME <b>REICHENBERG, BARRY</b>	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2700 N. 29TH AVENUE</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	NAME 	
TITLE <b>PVST</b> <input type="checkbox"/> Delete	NAME <b>Barry Reichenberg</b>	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2750 N. 29 Ave</b>	CITY-ST-ZIP <b>Hollywood FL 33020</b>	NAME 	
TITLE 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 		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.			
<b>SIGNATURE: <u>Barry Reichenberg Pres</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-29-07 954-929-7390</b> <small>Date Daytime Phone #</small>	