


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 689460 1. Entity Name TRIANGLE SCRAP METAL, INC.		
Principal Place of Business 3101 NW NORTH RIVER DRIVE MIAMI, FL 33142	Mailing Address 3101 NW NORTH RIVER DRIVE MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARON, DENNIS 10300 SW 130 ST MIAMI, FL 33176		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, DENNIS C. 10300 SW 130 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARON, CHRISTINE L 10300 SW 130 STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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: <u>Christine Baron</u> <u>Christie Baron</u> <u>V.P.</u> <u>2-15-08</u> <u>633 1929</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2036246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/27/08-80044-006 158.75

**DO NOT WRITE
IN THIS SPACE**