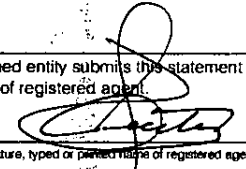
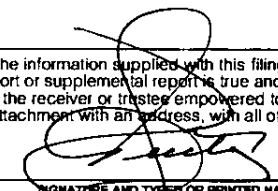


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 018 ***150.00

DOCUMENT # F65038 1. Entity Name MEDLEY METALS CORP.					
Principal Place of Business 8500 W. FLAGLER SUITE 208-B MIAMI, FL 33144 US			Mailing Address PO BOX 22187 HIALEAH, FL 33002 US		
2. Principal Place of Business - No P.O. Box # 6020 NN 153 St.		3. Mailing Address 6020 NN 153 St.			
Suite, Apt. #, etc. #137		Suite, Apt. #, etc. #137			
City & State MIAMI LAKES FL.		City & State MIAMI LAKES FL.		4. FEI Number 59-2204323	
Zip 33014		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA Riestra, William 6510 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  FEB 1, 2007 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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA Riestra, William 6510 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA Riestra, Patricia 6510 MIAMI LAKEWAY S HIALEAH, FL 33014 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA Riestra, Patricia 6510 MIAMI LAKEWAY S MIAMI LAKES, FL 33014 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		FEB 1, 2007 305-822-7646 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					