## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # G99425** 

SIGNATURE:

## **FILED** Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90032 045 \*\*\*150.00

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1. Entity Name INTERNATIONAL STEEL & TRADING, INC.										
Principal Place of Business 10255 SW 8 TERRACE MIAMI, FL 33174			Mailing Address 10255 SW 8 TERRACE MIAMI, FL 33174			50015656				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182005	Chg-P	_ CR2E03	34.(10/03)	
City & State			City & State			4. FEI Number 59-238				plied For it Applicable
Ζiρ	Country		Zip	Zip Country		5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Required	
6. Name and Address of Current R			Registered Agent	None	7. Name and	Address of New R	legistered A	gent ·		
PRADO, L	LICIA H				Name					
10255 S.W. 8TH TERRACE MIAMI, FL 33174					Street Address (	P.O. Box Numbe	er is Not Acceptable	3)		
				į	City			FL	Zip Code	e
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 the obligations of registered agent.									 amiliar with,	and accept
SIGNATURE										
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, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.	• •	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, I 10255 S.V MIAMI, FL	V. 8TH TERRACE	Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRADO, A 10255 SW MIAMI, FL	/ 8 TERR	☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DE VARONA, HAYDEE V 8TH TERRACE L 33174	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T MANES, ( 10255 SV MIAMI, FL	8TH TERRACE	Delete						Change	Addilion
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	VT CRUZ, EL 10255,SW MIAMI, FL	8TH_TERRACE	□ Delete				·		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				☐ Change	Addition
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 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 pither like ampowered.										

NING OFFICER OR DIRECTOR