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ANNUAL REPORT				Jan 10, 2008 08:00			
DOCUMENT, #, J80708 1: Entity Name LIBERTY SCRAP METAL, INC.			्राण्या (जिल्ह्या) (जिल्ह्या) (जिल्ह्या)	Se	cretary of	f.Stat	
Principal Place of Business 1030 25TH COURT WEST PALM BEACH, FL 33407	Mailing Address 1030 25TH COURT WEST PALM BEACH, FL 3340	7	T - - 	DI 1841 BANK 1841 BANK 1861	IIZII BIBU BIBU BIBU BIBU BIBU	1831 H 1881	
enter the same			 	.			
DO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-284 5. Certificate				
6. Name and Address of Current R EDELMANN, MARK 19565 HAVENSWAY COURT BOCA RATON, FL 33498	egistered Agent			NOT WI			
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fill the printed name of registered agent	5 title if applicable. (NOTE Register 9. Election Campaign Fina	ed Agent signature required noting \$5		oth, in the State of Fior	da. I am familiar with, i	and accept	
10. OFFICERS AND D		T		<u> </u>			
TITLE PS NAME EDELMANN, MARK STREET ADDRESS 19565 HAVENSWAY COURT BOCA RATON, FL	inections .		**	0000007 01/10/09-9	77756 0020-018 150	no.	
NAME EDELMANN, ALLEN STREET ADDRESS 253 CARDINAL LANE CITY-ST-ZIP JUPITER, FL						. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	; ;	DO	NOT W	RITE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY- ST- ZIP							
TITLE					,		

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 gmps weref 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 within address, with all other like empowered.

SIGNATURE:

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/09 561-833-0392