

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90035 004 \*\*\*\*55.00

**DOCUMENT # L03000056903**

1. Entity Name  
**STEEL RESOURCES, LLC**



Principal Place of Business  
**7330 NORTH WEST 12TH ST  
MIAMI, FL 33126**

Mailing Address  
**7330 NW 12TH STREET  
SUITE 201  
MIAMI, FL 33126**

**20042823**



04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>20-0708095</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY, STE 200 MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>LAURA C. SHARPE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7330 NW 12th STREET SUITE 201</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>			
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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 *Laura Sharpe* **Laura C. Sharpe/Director** **04/27/2006**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARUR, CARLOS R 7330 NORTH WEST 12TH ST MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARUR, EMILIO 7330 NORTH WEST 12TH ST MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARUR, ELIAS ALFREDO 7330 NORTH WEST 12TH ST MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEDAN, GUILLERMO 7330 NORTH WEST 12TH ST MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEDAN, LUIS A 7330 NORTH WEST 12TH ST MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILBOUX, ANNE MARIE 7330 NORTH WEST 12TH ST MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Laura Sharpe* **Laura C. Sharpe 4/27/06 (305)459-4070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20042823  
#L03000056903

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

1) STEEL RESOURCES, LLC

Document # L03000056903

Principal Address  
7330 NW 12th Street  
Miami FL 33126

Mailing Address  
7330 NW 12th Street  
Miami FL 33126

6) Name of New Registered Agent  
SHARPE, LAURA  
7330 NW 12th Street  
Miami FL 33126

4) FIN Number  
20-0708095

10)

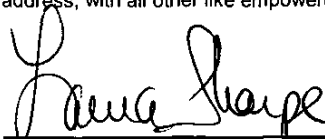
Title	MGR	<input checked="" type="checkbox"/> Additions
Name	CHAURUR ELIAS, JR JR	
Street Address	7330 NW 12th Street	
City -St - Zip	Miami FL 33126	

Title	MGR	<input checked="" type="checkbox"/> Additions
Name	DAHURA ALBERTO	
Street Address	7330 NW 12th Street	
City -St - Zip	Miami FL 33126	

Title	MGR	<input checked="" type="checkbox"/> Additions
Name	SHARPE LAURA	
Street Address	7330 NW 12th Street	
City -St - Zip	Miami FL 33126	

- 12) I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 11 if changed, or an attachment with an address, with all other like empowered

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA SHARPE