2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P0000024087 1. Entity Name AMERICAN ALLIED ALUMINUM & RECYCLING CORPORATION						04-14-2008	8 90057 (021 ***15	50.00
Principal Place	e of Business	Mailing Address		·	יטם 🗀	Ju~ -			
15940 OLD 441		15940 OLD 441							
TAVARES, FL 32778		TAVARES, FL 32778							
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		1.2.4.4							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					# 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numb 59-363				pplied For at Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent		1	7. Name and	Address of New F			<u> </u>
	G. Hame and Address of Correct	t registeres Agent	•	Name	1. Name and	ACCIOSO OF NEW 1	vogistorou r	-you	
LEVIN, PA	TRICIA G								
21044 WOLFBRANCH ROAD				Street Address (P.O. Box Number is Not Acceptable)					
MOUNTD	ORA, FL 32757								
				-	. •			1 0 -	
				City			FL	Zip Code	0
the obligat	named entity submits this statement lions of registered agent.	or the purpose of changing its	register	ed office or re	egistered agent, or bo	th, in the State of Fl	orida. I am i	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registere	ed Agent signature	required when reinstating)		DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai Trust Fund Contr			\$5.00 May Be Added to Fees				
	ay 1, 2008 Fee will be \$550 OFFICERS AND	.00 Trust Fund Contr			\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	officers and	.00 Trust Fund Contr	ribution. 11.	E	\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	OFFICERS AND P MILLER, CYNTHIA A	.00 Trust Fund Contr	11.	£ AE	\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND		
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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 early 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 Statules; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Daytime Phone #