

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000045982

1. Entity Name
BOCA STEEL SALES, INC.



Principal Place of Business
**21687 TOWN PLACE DRIVE
BOCA RATON, FL 33433**

Mailing Address
**21687 TOWN PLACE DRIVE
BOCA RATON, FL 33433**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106924

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZARETSKY, MAX
21687 TOWN PLACE DRIVE
BOCA RATON, FL 33433**

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IN THIS SPACE**

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

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ZARETSKY, MAX 21687 TOWN PLACE DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ZARETSKY, ADELE 21687 TOWN PLACE DRIVE BOCA RATON, FL 33433
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02/15/05-80024-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #