

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050158

1. Entity Name
AAA STEEL INC.



FILED
04 MAY -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1051 NURSERY RD
CHIPLEY, FL 32428

Mailing Address
PO BOX 841
CHIPLEY, FL 32428

2. Principal Place of Business

1049 Nursery Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley FL

City & State

Zip

32428

Country

Washington

Country

05032004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3719687

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AHMED, BINJAHLAN
1051 NURSERY RD
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name BINJAHLAN, AHMED

Street Address (P.O. Box Number is Not Acceptable)
1049 Nursery Rd.

City Chipley

FL

Zip Code

32428

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BINJAHLAN, AHMED
STREET ADDRESS 1051 NURSERY RD
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE D
NAME GUERRERO, MICHAEL J
STREET ADDRESS 1051 NURSERY RD
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. BINJAHLAN, AHMED
NAME
STREET ADDRESS 1049 Nursery Rd.
CITY-ST-ZIP Chipley FL 32428

TITLE O. Sasser Kimberly
NAME
STREET ADDRESS 1051 Nursery Rd.
CITY-ST-ZIP Chipley, FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: Ahmed Binj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

Daytime Phone #