


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000033614</b> 1. Entity Name MACSTEEL INTERNATIONAL LATIN AMERICA CORPORATION	
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Principal Place of Business 8675 NW 53 ST SUITE 100 MIAMI, FL 33166	Mailing Address 8675 NW 53 ST SUITE 100 MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0569930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OPPENHEIM, STEVEN P 800 BRICKELL AVENUE SUITE 707 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000183867 01/20/05-80007-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVER, STUART 1 HARBOUR EXCHANGE SQUARE LONDON, UK e14 9ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, GRAHAM F 1 HARBOUR EXCHANGE SQUARE LONDON, UK e149ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ADALBERTO 8675 NW 53 STREET, STE 100 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPPENHEIM, STEVEN P 800 BRICKELL AVE STE 707 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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.

<b>SIGNATURE:</b> <i>Adalberto Torres</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/15/2005 305-9947726 Date Daytime Phone #
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