* 37 M

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000068974 1. Entity Name EJ'S SCRAP METAL, INC.					- _ 3- NUL 80	PM 2: 57		
Principal Place of Business 106 NW 1 STREET HALLANDALE, FL 33009 Mailing Address 106 NW 1 STREET HALLANDALE, FL 33009				īÃ	ECRETARY LLAHASSEE	JF STATE . FLORIDA		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address 22 H Suite, Apt. #, etc.	th ave	04292008	Chg-P	CR2E034 (12/06)		
City & State	ic Ach Fl	City & State Pania Bal	λ Fl.	4. FEI Numb 75-306			plied For t Applicable	
Zip	Country		Country USG		of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current R			7. Name and	Address of New R		<u> </u>	
106 NW 1	STREET	r Williams Ir w 4th Que	-	Street Address (P.O. Box Number is Not Acceptable)				
	Dan	ia Ach, Fl.	City			FL Zip Code	9	
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND D		11.	ADDITIONS		CERS AND DIRECTORS		
title Name	P WILLIAMS, ELMER JR	☐ Delete	NAME (06/19/07	90001,,	020 □ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	106 NW 1 STREET HALLANDALE, FL 33009	:	STREET ADDRESS CITY-ST-ZIP	. ,	\mathcal{A}_{i}	<i>020</i> □ Change /50.00		
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	WILLIAMS, TAMMIE 106 NW 1 STREET		NAME STREET ADDRESS				į	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	• •				
ТПСЕ		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				:	
TITLE		☐ Delete	TITLE	•		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS]	
CITY-ST-ZIP	partifu that the information auxiliary with	this filling does not quality for the	CITY-ST-ZIP	ntained in Chanter 111	Florida Statutos I	further certify that the in	Mormation	
12. 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 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: C-1-08 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylurine Phone #								

	<u>-1-08</u>
	To Karen a Saly;
	Please for give me for responding so late.
	I'm accoulty lost for words for I forgot what
3	I'm responding for at any-rate I did pay:
3	my annual report fee of \$15000 last year, (only
	twice). In talking to my wife about it, I realize
	why and how that accired. Next year and as
1	long as I'm in business that fee will be payed
	as soon as I receive it in January. In closing
i	I like thank you for you time in this matter
i	and your patience with me.
	Thank you
	Elmer Williams Jr.