

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128699

FILED  
Mar 08, 2011  
Secretary of State

Entity Name: OCCIDENTAL STEEL INDUSTRIES INC.

**Current Principal Place of Business:**

1111KANE CONCOURSE  
SUITE # 305  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111KANE CONCOURSE  
SUITE # 305  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

FEI Number: 83-0356588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

URDANETA, JUAN V  
2655 LE JEUNE RD.  
#507  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PELLIZZARI, PIETRO  
Address: 1111 KANE CONCOURSE SUITE # 305  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D  
Name: SARCINELLI, TINA  
Address: 1111 KANE CONCOURSE SUITE 305  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D  
Name: PELLIZZARI, STAFANO P  
Address: 1111 KANE CONCOURSE SUITE 305  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D  
Name: SARCINELLI, RITA  
Address: 1111 KANE CONCOURSE SUITE 305  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARCINELLI RITA

D

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date