2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or

SIGNATURE

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P03000029054 1. Entity Name OSCARS METAL, CORP. Principal Place of Business Mailing Address 15570 SW 76TH LANE 15570 SW 76TH LANE A-91 A-91 MIAMI, FL 33193 MIAMI, FL 33193 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 76-0726777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SOLIS, OSCAR DO NOT WRITE 3299 BIRD AVE. MIAMI, FL 33133 IN THIS SPACE 8. The above named entity subjects 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 and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NÓW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΩ TITLE SOLIS, OSCAR E NAME U00000538943 STREET ADDRESS 15570 SW 76TH LANE, #A-91 05/09/06-80079-025 150.00 CITY-ST-ZIP MIAMI, FL 33193 TITLE SOLIS, OSCAR J NAME 15570 SW 76TH LANE, #A-91 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

dress, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davrime Phone #

FILED