2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED Feb 11, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P03000032911 1. Entity Name 02-11-2004 90011 039 ***150.00 ACTION SCRAP METALS, INC. Principal Place of Business Mailing Address 7764 VIA GRANDE BOYNTON BEACH FL 33437 7764 VIA GRANDE BOYNTON BEACH FL 33437 2. Principal Place of Business 3. Mailing Address 2090 N. POWERLINE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For DMDAND 01-077306 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUDYK GOLDSTEIN, MARK B Box Number is Not Acceptable) 2700 N MILITARY TRAIL, STE 130 BOCA RATON FL 33431 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. PRESIDENT **SIGNATURE** ature required when reinstating). FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete BUDYK, DAN NAME STREET ADDRESS 7764 VIA GRANDE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition BUDYK, ARLENE NAME NAME STREET ADDRESS 7764 VIA GRANDE STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition - NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.