


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90001 032 ***158.75

DOCUMENT # P04000013208 1. Entity Name STRAIGHT LINE STEEL, INC.					
Principal Place of Business 2436 N FED HWY #334 POMPAÑO BEACH, FL 33064			Mailing Address 2436 N FED HWY #334 POMPAÑO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 90-0140335				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SHAPIRO, CHARLES A 3239 PORT ROYALE BLVD. SOUTH 781 N.W. 45 ST. APT. D FT. LAUDERDALE, FL 33308 Pompano Bch, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, CHARLES A		NAME		
STREET ADDRESS	3239 PORT ROYALE BLVD. S. #D		STREET ADDRESS	781 N.W. 45 ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVEN, MARK		NAME		
STREET ADDRESS	2520 N.E. 8TH TERR		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALAZAR, JODY		NAME		
STREET ADDRESS	3101 NW 3 AVE #1		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mark Haven</u> VP <u>6/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					