



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90042 001 \*\*\*158.75

<b>DOCUMENT # P04000069843</b>					
<b>1. Entity Name</b> SCRAP ACQUISITIONS, INC.					
<b>Principal Place of Business</b> 700 N.W. 21ST TERRACE FORT LAUDERDALE, FL			<b>Mailing Address</b> 700 N.W. 21ST TERRACE FORT LAUDERDALE, FL		
<b>2. Principal Place of Business</b> 973 PARKSIDE CIRCLE N		<b>3. Mailing Address</b> 973 PARKSIDE CIRCLE N		<b>40004939</b> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Boca Raton FL		<b>City &amp; State</b> Boca Raton FL		<b>4. FEI Number</b> 20-1105197	
<b>Zip</b> 33486		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WEIL, RENEE 700 N.W. 21ST TERRACE FORT LAUDERDALE, FL			<b>7. Name and Address of New Registered Agent</b> Name: <u>Renee Weil</u> Street Address (P.O. Box Number is Not Acceptable): <u>973 Parkside Circle N</u> City: <u>Boca Raton</u> FL Zip Code: <u>33486</u>		
<b>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.</b> SIGNATURE: <u>Renee Weil</u> DATE: <u>1-17-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P WEIL, RENEE 700 N.W. 21ST TERRACE FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P WEIL, RENEE 973 PARKSIDE CIRCLE N BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VS WEIL, RANDY 700 N.W. 21ST TERRACE FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VS WEIL, RANDOLPH 973 PARKSIDE CIRCLE N BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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.**

**SIGNATURE:** Renee Weil    1-17-05    561-350-0380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #