2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2007 8:00 am Secretary of State **DOCUMENT # P04000145483** 03-30-2007 90125 012 ***150 00 PALM BEACH STEEL HOLDINGS, INC. Mailing Address Principal Place of Business 40045115 1489 NORTH MILITARY TRAIL 5100 NORTH POWERLINE ROAD FORT LAUDERDALE, FL 33309 **SUITE 114** WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1234922 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 235 N JOG ROAD WEST PALM BEACH, FL 33413 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition ☐ Change APPLEBAUM, SEYMOUR NAME NAME STREET ADDRESS 235 N JOG ROAD STREET ADDRESS WEST PALM BEACH, FL 33413 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition APPLEBAUM, DANIEL NAME NAME STREET ADDRESS 235 N JOG ROAD STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33413 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ 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.

FILED

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