2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

786-597-1399

Daytime Phone #

DOCUMENT # P05000047300 1. Entity Name MA STRUCTURAL REINFORCING STEEL DETAILER CORP.)	03-16-2006	90238 02	4 ***150	0.00
Principal Place of Business				Mailing Address			- eq., #1	r med Mys a			
3065 SW 16TH ST MIAMI, FL 33145				3065 SW 16TH ST MIAMI, FL 33145							
								OLE COR COM TOCAL CRIE		1 11111 111111 111 11	in dall
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03132006	Chg-P	CR2E034		
City & State				City & State			4. FEI Number 33-///			——————————————————————————————————————	plied For t Applicable
Zip	Country			Zip	itry		f Status Desired		8.75 Add		
	6. Name	and Address	s of Current Regis	tered Agent	1		7. Name and	Address of New Re			
						Name					
AGUILERA 3065 SW 1 MIAMI, FL					Street Address (P.O. Box Number is Not Acceptal)			
						City			FL	Zip Code	
8. The above named entity submitte 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.											
of African State of the State o											
SIGNATURE Signature type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FIL After Ma	E NOW!!! ay 1, 2000	FEE IS \$1 5 Fee will	 50.00 be \$550.00	9. Election Campa Trust Fund Con			5.00 May Be dded to Fees				
10.		OFF	ICERS AND DIREC	CTORS	11.		ADDITIONS/G	CHANGES TO OFFI	CERS AND C	DIRECTOR	3 IN 11
TITLE	PD			Delete	TITL			-	1	Change	Addition
NAME STREET ADDRESS	3065 SW	A, MARIO 16TH ST			NAM STRI	ie Eet address					
CITY-ST-ZIP	MIAMI, FL					-ST-ZIP					
TITLE				☐ Delete	TITL					Change	☐ Addition
name Street address					NAM STR	re Eet address					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL	E				Change	Addition
NAME					NAA						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP					
TITLE				☐ Delete	TITL					Change	Addition
NAME				□ Delete	NAN					Critaings	
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	<u> </u>					(-ST-ZIP		• • •			
TITLE NAME				☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS					- 1	EET ADDRESS		•			
CITY-ST-ZIP					CIT	Y-ST-ZIP					
TITLE				☐ Delete	TITL	l l				Change	☐ Addition
NAME STREET ADDRESS					NAM STR	EET ADDRESS					
CITY-ST-ZIP						r-ST-ZIP		-		-	
12. I hereby indicated of the collaboration	certify that the found on this reportion or the following	e information rt or supplem he receiver of achment with	supplied with this potal report is true trustee empowere an address, with a	filing does not qualify f and acceptate and that d to execute this repor d other like empowered	or the ex my signa t as requ	temptions contain sture shall have the ired by Chapter 6	ed in Chapter 119 le same legal effect 607, Florida Statutes	Florida Statutes. I as if made under on a and that my name	further certificath; that I are appears in	y that the in an officer Block 10 o	nformation or director r Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR