2006 FOR PROFIT CORPORATION

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-29-2006 90114 028 ***150.00 DOCUMENT # P05000159516 DOMINGUEZ STEEL CORP Mailing Address Principal Place of Business 14861 S.W. 70 ST. 14861 S.W. 70 ST. MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 51-0561766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMINQUEZ, CIRO T Street Address (P.O. Box Number is Not Acceptable) 14861 S.W. 70 ST. MIAMI, FL 33193 Zip Code 8. The above named enti is 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 reg SIGNATURE ame of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE Change ☐ Addition DOMINGUEZ, CIRO T NAME NAME 14861 S.W. 70 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP Delete TITLE DILE ☐ Chance ☐ Addition DOMINGUEZ, CIRO T NAME NAME STREET ADDRESS 14861 S.W. 70 ST. STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition DTI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED