2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State			
DOCUMENT # P05000164135 1. Entity Name STEIN ALUMINUM, INC.					04-17-2007 90233 046 ***150.00			
606A S. MARKET AVENUE		Mailing Address 606A S. MARKET AVENUE FORT PIERCE, FL 34982		4006	40065305			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3 LO LOCEANDER AVE 3 LO LOCEAN				ALE				
Suite, Apt BAY#4 Suite, Apt #, etc.			+4	02092007	Chg-P	CR2E034 (12/06)		
FI PIERCE FL		City & State PIERCE FC		4. FEI Numb	40330	72 No	plied For t Applicable	
Zip 39	782 Country 54	39982	Country 5 M	5. Certificate	e of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name					Address of New Re	gistered Agent		
NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY FOURTH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
STUART, FL 34994			City			FL Zip Code	е	
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. J am familiar with, and accept the obligations of registered agent and the state of Florida. J am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE .	D	☐ Delete	TITLE	PITIS		☐ Change	Addition	
NAME	STEIN, ROBERT E		NAME	/ KOB	ERT SIE	M PIUCE D	12	
STREET ADDRESS CITY-ST-ZIP	606A S. MARKET AVENUE FORT PIERCE, FL 34982		STREET ADORESS CITY-ST-ZIP	5409 9	RCE FL	N ☐ Change RIVER D	'	
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12. I hereby certify that the information supplied with this filling 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 ar 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 accuracy of the corporation of the corporation of the receiver are trustee empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

ROBERT E STEINI

3/30/07

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