## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P06000087809  1. Entity Name MONSTER STEEL CONSTRUCTION CORP				04-30-2007 90477 032 ***150.00	
Principal Place of Business 13027 SW 68 LANE MIAMI, FL 33183		Mailing Address 13027 SW 68 LANE MIAMI, FL 33183			
Principal Place of Business - No P.O. Box #     3. M		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-5127235 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	$\Box$
SUAREZ, RAMIRO 13027 SW 68 LANE MIAMI, FL 33183			Name Street Address	s (P.O. Box Number is Not Acceptable)	_
			City	FL Zip Code	~
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or registe	tered agent, or both, in the State of Florida. I am familiar with, and according	ept
SIGNATURE.	Signature, typed or printed name of registered ages	nt and title if applicable. (NOT	E: Registered Agent signature require	red when reinstating) DATE	
	E NOW!!! FRE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont	* * _ **	5.00 May Be dded to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\exists$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SUAREZ, RAMIRO 13027 SW 68 LANE MIAMI, FL 33183	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ittion
TITLE NAME STREET ADDRESS CSTY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	noitíú
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	noisit
indicated	on this report or supplemental report	is true and accurate and that i	my signature shall have the	ned in Chapter 119, Florida Statutes, I further certify that the information ne same legal effect as if made under oath; that I am an officer or direct 307, Florida Statutes; and that my name appears in Block 10 or Block 1	tor

changed, or on an attachment with an address, with all other like empowered. 3/8/07 786-239-716

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAMIND SUANT PROSIDENT