2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

A The above named entity submits this stellment for the purpose of changing its registered discus to such in the Size Anni Case A First above named entity submits this stellment for the purpose of changing its registered discus to such in the Size Anni Case A First above named entity submits this stellment for the purpose of changing its registered discus to such in the Size of Find Size A First above named entity submits this stellment for the purpose of changing its registered discus to such in the Size of Find Size A First above named entity submits this stellment for the purpose of changing its registered discus or implicated discus to submit in the stellment for the purpose of changing its registered discus or implicated discussion or implicated with this stelling does not qualify to read the employer or implicated and inclusion or implicated with this stelling does not qualify to read the employer or implicated and inclusion or implicated with this stelling does not qualify to read the employe	DOCUMENT # P0700006014 1. Entity Name STEEL PIPE INT'L INC.								1 ary 01 08 90046 0 33 *		
Surie, April **, sic. Surie, April **, sic. Surie, April **, sic. Deletion Control of Proceedings of the State of Process of Country Surie Academia A. FEI Number Proceedings of the Application of Process of State of	8728 AW 10	3 AVE	5	8728 AW 103 AVE			6	3009700	ATIK OPIR DAN DERKUDA RI	1 11 1 1 1	
City & State City & State City & State City & State Country City & State A. FEI Number 20 - 8.2.50.155 Never the Country Red Address of Current Registrated Agant Red Red Address of Current Registrated Agant Red	2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
20 Country Zip Country S. Conficiation Sizus Desired Status Desired S. S8.75 Additional Fee Required 8. Name and Address of Current Registrated Agent 7. Name and Address of New Registrated Agent 7. Name and Address of Name Registrated Agent 7. Name Address of Name Registrated Agent 7. N	Suite, Apt. #, etc.						04072008	Chg-P	CR2E034 (12/06)	·	
S. Name and Address of Current Registared Agent 7. Name and Address of New Registered Agent OKUNIEWICZ, DENNIS T 9821 FONTAINBLEAU BLVD - APT 324 8776 Address W (10, Bon Nymber is Not Acceptable) NET am1, FL 33172 8784 Address W (10, Bon Nymber is Not Acceptable) NET am1, FL 33179 8. The above named entity submits this structures for the purpose of changing its registered agent, or both, in the State of Rovids. I am lamiter with, and accept in exhibit positions of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OCT. ST. D. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIRECTORS IN 11 OCUMENT TO Commission Francisco 10. OFFICERS AND DIREC	City & State										
OKUNIEWICZ, DENNIS T 9521 FONTAINBLEAU BLVD - APT 324 Stress Address (FO, Bon Nymbur is Not Acceptable)	Zíp	Country		<u> </u>	Coun	niry	5. Certificate	ol Status Desired	See Require	ditional d	
STOTS APPLIES IN CONTAINISEE AU BLVD - APT 324 STOTS APPLIES (170) Box Applies is Not Acceptable)		6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent		
B. The above named only submits this streament for the purpose of changing its registered office or registered agent, or both, in the State of Rivide. I am familiar with, and accept the obligations of registered agent. Committee	=9521 FON	TAINBLE		•	8772 8 ^{dol} 50			er is Not Acceptable) - 		
B. The above named only submits this streament for the purpose of changing its registered office or registered agent, or both, in the State of Rivide. I am familiar with, and accept the obligations of registered agent. Committee				,		Cin.			- 1 7/2 Cod		
In a collegations of registered agent. SIGNATURE	8. The above	named entit	y submits this statement for	or the purpose of changing its		ed agent, or bo	ith, in the State of Flor		,		
FILE NOW!E FEE IS \$150.00 After May 1, 2008 Fee with be \$550.00 9. Election Cramatejon Financing Trust Fund Contribution. \$5,00 May 80 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OKUNIEWICZ, DENNIS T STRETA DURESS OTH 51-79* MAMME STRETA DURESS OTH 51-79* MILE Delde TILE MAME STRETA DURESS OTH 51-79* INLE Delde TILE MAME STRETA DURESS OTH 51-79* INLE MAME STRETA DURESS OTH 51-79*	the obligations of registered agent.										
After May 1, 2008 Fee with be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE							I when revisitsings		DATE	.	
TITLE MAKE OKUNIEWICZ, DENNIS T Delete MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33172 Delete MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33172 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MIAMI, FL 33173 Delete MILE MAKE STREET ADDRESS OTT-S1-ZP MILE MAKE STREET ADDRESS	LIEP HOARTH LEG IN A LODGE A LAND A L										
MAKE STREET ADDRESS CITY-S1-2P TITLE MAKE STREET ADDRESS CITY-S1-2P			OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	5 IN 11	
CITY-SI-ZP MIAMI, FL 33172 CITY-SI-ZP MIAMI, FL 33172 CITY-SI-ZP MIAMI, FL 33173 CITY-SI-ZP MIAMI, FL 33172 CITY-SI-ZP MIAMI, FL 33173 CITY-SI-ZP MIAMI, FL 33172 CITY-SI-ZP MIAMI CITY-S	HAME	OKUNIEWICZ, DENNIS T				E a	728 SW	103 Ave.	(X) Change	Addition	
NAME SITEST ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-SI-ZIP Delete NAME STREET ADDRESS CITY-SI-ZIP Delete NAME STREET ADDRESS CITY-SI-ZIP Delete NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		•					liami, F	33173			
CITY-SI-ZIP TITLE Detele ITTLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP Change Addition NAME Change Change Change Addition NAME Change Change Change Change Change Change NAME Change Change Change Change Change Change NAME Change Change Change Change Change NAME Change Change Change Change Change Change NAME Change Ch				Delete	L	l l			Change	Addition	
NAME STREET ADDRESS CITY-S1-ZP TIBLE STREET ADDRESS CITY-S1-ZP T											
STREET ADDRESS CITY-S1-ZIP TITLE Delete IIILE NAME				Detete		· ·			☐ Change	Attition	
NAME STREET ADDRESS CITY-ST-ZP TITLE INTE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP ITTLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TO Delete ITTLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TAME STREET ADDRESS CITY-ST-ZP CITY-ST-	STREET ADDRESS				STRE	ET ADORESS			•		
STREET ADDRESS CITY-S1-ZP TITLE Delete ITTLE MAME				Delete	1	1	-		☐ Crange	Addition	
NAME STREET ADDRESS CITY-ST-ZP ITILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TO LAMBE STREET ADDRESS CITY-ST-ZP 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. SIGNATURE:	STREET ADORESS				STRE	ET ADDRESS					
CITY-ST-ZP IIILE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further consty 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. SIGNATURE:	-			☐ Delete		-			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further carrily 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. SIGNATURE:					STEE	2239GOA TEE					
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further centry 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 eath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Rorlda 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. SIGNATURE: 305-275-9393				☐ Delete		l l	 	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Rorida 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. SIGNATURE: 305-275-9393	STREET ADDRESS				STRI	223RODA T33					
	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 eath; 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.										
	SIGNAT	URE: _	SIGNATURE AND TYPED DE	PRINTED NAME OF SIGNING OFFICE	ON DIREC	TOR		4/11/08	305-275	- 9393	