


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P10644 1. Entity Name UNITED STATES ALUMINUM CORPORATION - CAROLINA	
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Principal Place of Business 767 MONTEREY PASS ROAD MONTEREY PARK, CA 91754	Mailing Address 767 MONTEREY PASS ROAD MONTEREY PARK, CA 91754
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3953238	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TREINEN, DAVID 1731 BEECHHILL DRIVE HACIENDA HEIGHTS, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERSTAR, CORNELIUS C. 801 LIDO PARK DRIVE NEWPORT BEACH, CA 92663
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUDY, RONALD L 6239 MAJORCA CIR. LONG BEACH, CA 90803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FOGELMAN, MITCHELL K 9536 WHITE OAK AVE NORTHRIDGE, CA 91325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/19/04-80010-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 7/12/04	Daytime Phone # (823) 264-1670
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