


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P10644	
1. Entity Name UNITED STATES ALUMINUM CORPORATION - CAROLINA	

Principal Place of Business 767 MONTEREY PASS ROAD MONTEREY PARK CA 91754	Mailing Address 767 MONTEREY PASS ROAD MONTEREY PARK CA 91754
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suito, Apt. #, etc.	Suito, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 95-3953238	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERSTAR, CORNELIUS C. <input type="checkbox"/> Delete 2700 NEWPORT BLVD NEWPORT BEACH CA 92663
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUDY, RONALD L. <input type="checkbox"/> Delete 6239 MAJORCA CIR. LONG BEACH CA 90803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FOGELMAN, MITCHELL K. <input type="checkbox"/> Delete 9536 WHITE OAK AVE NORTHRIDGE CA 91325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GAINER, GREG <input type="checkbox"/> Delete 520 ULTIMO AVE LONG BEACH CA 90814
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000623101 02/13/07-80052-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mitchell K. Fogelman **MITCHELL K. FOGELMAN** 1/31/07 323-264-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #