## 2004 FOR PROFIT CORPORATION

## Apr 15, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P94000021428 1. Entity Name 04-15-2004 90013 050 \*\*\*150.00 ENVIRONMENTAL ALLOYS, INC. Principal Place of Business Mailing Address 2504 NW 19 ST. TAUUUUUT POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0475043 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Seffy Kunkel KUNKEL, JEFFREY 2121 BLOUNT POAD Street Address (P.O. Box Number is Not Acceptable POMPANO BEACH FL 33069 2504 Zip Code 33069 8. The above named entity submits this statement on 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 . Signature, lyp me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VDS Change Addition TITLE Delete TITLE GROSSMAN, DANIEL V NAME NAME 3720 5. Ocean Blud # 1208 112 WESTERN DR STREET ADDRESS STREET ADDRESS Highland Beach, FC 33487 CITY-ST-ZIP SHORT HILLS NJ 07078 CITY-ST-ZIP Delete TITLE Addition TITLE NAME KUNKEL, JEFFREY NAME 2504 NW 19 St Pompans Beach, FL STREET ADDRESS 2121 BLOUNT POAD STREET ADDRESS POMPANO BEACH FL-33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Спалае TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

954 - 973 - 84 a ×/12 Daytime Phone #