


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90250 025 \*\*\*150.00

<b>DOCUMENT # P95000033408</b>	
1. Entity Name <b>RECUPERADORA DE METALES L A MORAN, INC.</b>	

Principal Place of Business <b>15011 S.W. 43RD TERRACE MIAMI, FL 33185 US</b>	Mailing Address <b>801 BUCKELL KEY BLVD #805 MIAMI, FL 33131 US</b>
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24034010

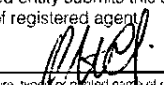
2. Principal Place of Business	3. Mailing Address <b>801 Brickell Key Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#805</b>
City & State	City & State <b>Miami, FL</b>
Zip	Zip <b>33131</b>
Country	Country <b>USA</b>



02162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>OTTOLINO, EDUARDO 15011 SW 43RD TERRACE MIAMI, FL 33185</b>	
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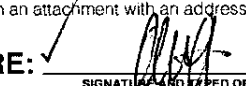
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>801 Brickell Key Blvd.</b>
	<b>#805</b>
City	<b>Miami</b>
State	<b>FL</b>
Zip Code	<b>33131</b>

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 <b>4/20/04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTOLINO, GIUSEPPE 15011 S.W. 43RD TERRACE MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OTTOLINO, EDUARDO 15011 S.W. 43RD TERRACE MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 Brickell Key Blvd. #805 Miami, FL 33131</b>
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 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 all other like empowered.	
SIGNATURE:  <b>Giuseppe Ottolino</b>	DATE: <b>4/20/04</b> DAYTIME PHONE: <b>305 9702959</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	