

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000009946			
1. Entity Name STEEL INVESTMENTS, INC.			
Principal Place of Business 19808 BOB-O-LINK DRIVE MIAMI FL 33015 US		Mailing Address 19808 BOB-O-LINK DRIVE MIAMI FL 33015 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MARTINEZ, ELIZABETH 19808 BOB-O-LINK DRIVE MIAMI FL 33015		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when constituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE .. PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MARTINEZ, ELIZABETH		NAME	
STREET ADDRESS 19808 BOB-O-LINK DRIVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FERRER, PEDRO M		NAME	
STREET ADDRESS 19808 BOB-O-LINK DRIVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0640354** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

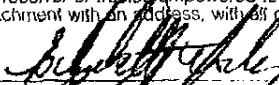
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 it 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:  3/10/06 3058293362