## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## **FILED** Jan 23, 2006 8:00 am Secretary of State

| DOCUMENT # P98000046618  1. Entity Name INTER-STEEL DETAILING, INC.      |  |   |                       |   |                       |   |                                  |                         | 01-23-2             | 2006 90                     | )106 033             | ) ***150                  | .00                            |  |
|--|--|---|-----------------------|---|-----------------------|---|----------------------------------|-------------------------|---------------------|-----------------------------|----------------------|---------------------------|--------------------------------|--|
| Principal Place of Business<br>11585 GORHAM DR.<br>COOPER CITY, FL 33026 |  |   |                       | Mailing Address<br>11585 GORHAM DR.<br>COOPER CITY, FL 33026  |                       |   |                                  | 4 1 <b>88</b> 11888     | E 18121 12112 8811  | <b>  12</b>     <b>  51</b> | <b>i</b> eni enia en | T 21181 N281 <b>18</b> 1  | Y <b>or</b> : At 1 <b>20</b> : |  |
| 2. Principal Place of Business   |  |   |                       | 3. Mailing Address  |                       |   |                                  |                         |                     |                             |                      |                           |                                |  |
| Suite, Apt. #, etc.  |  |   |                       | Suite, Apt. #, etc.   |                       |   |                                  | 052006                  | Chg-F               | <b>.</b>                    | CR2E03               | 4 (11/05)                 |                                |  |
| City & State   |  |   |                       | City & State  |                       |   | FEI Numb<br><b>65-083</b>        | _                       |                     |                             | <del></del>          | plied For<br>t Applicable |                                |  |
| Zip  | Country                                |   |                       | Zip   | Count                 | try   | 5. Certificate of Status Desired |                         |                     |                             |                      |                           |                                |  |
| Name and Address of Current Registered Agent                             |  |   |                       |   |                       | 7. Name and Address of New Registered Agent |                                  |                         |                     |                             |                      |                           |                                |  |
| LAZAR, MIHAELA<br>11585 GORHAM DR.                                       |  |   |                       |   |                       | Name<br>Street Addres                       | ss (P.O. E                       | Box Numb                | er is Not Ac        | ceptable)                   |                      |                           |                                |  |
| HOLLYWOOD, FL 33026  |  |   |                       |   |                       |   |                                  |                         |                     |                             |                      |                           |                                |  |
|  |  |   |                       |   |                       | City  | City FL Zip Code                 |                         |                     |                             |                      |                           |                                |  |
| the obligati   | named entiti<br>ions of regist         |   | nt for the p          | purpose of changing its   | registere             | ed office or regis                          | stered ag                        | gent, or bo             | th, in the Sta      | ite of Flor                 | ida. I am fa         | amiliar with,             | and accept                     |  |
| SIGNATURE_   | Signature, typed                       | or printed name of registered a                     | gent and title        | if applicable. (NOTE  | : Registere           | d Agent signature requ                      | uired when re                    | einstating)             |                     |                             | DATE                 | <del></del>               | <del></del>                    |  |
|  |  | FEE IS \$150.00<br>6 Fee will be \$55               | 0.00                  | 9. Election Campai<br>Trust Fund Contr  |                       |   | \$5.00 A<br>Added to             |                         |                     |                             |                      |                           | į                              |  |
| 10.  |  | OFFICERS A  | ND DIRE               | CTORS   | 11.                   |   |                                  |                         | /CHANGES            | TO OFFI                     | ERS AND              | DIRECTOR                  | S IN 11                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | PVST<br>LAZAR, M<br>1245 NW<br>SUNRISE |   |                       | <b>⊠</b> Delete   |                       | E<br>ET ADDRESS<br>-ST-ZIP                  | PVS<br>LAZ<br>1245<br>SUN        | T<br>PAR<br>F MI<br>RIS | N/10<br>N/13<br>SE/ | HA<br>HA<br>FL              | EL<br>1E<br>3332     | Change                    | Addition                       |  |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP                                    | 11585 GC                               | MICHELLE<br>DRHAM DR.<br>CITY, FL 33026             |                       | ☐ Delete  |                       |   |                                  | - <del>-</del>          |                     |                             |                      | Change                    | ☐ Addition                     |  |
| HITLE NAME STREET ADDRESS CITY-SI-ZIP                                    |  | 3111,112 33020                                      |                       | ☐ Delete  | TITLE<br>NAMI<br>STRE |   |                                  | _ <del></del>           |                     | _                           | -                    | Change                    | Addition                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  |   |                       | ☐ Delete  | TITLE<br>NAMI<br>STRE | :   |                                  |                         |                     |                             |                      | Change                    | ☐ Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  | ~~~   |                       | ☐ Delete  | THTLE<br>NAMI<br>STRE |   |                                  |                         |                     | <del></del>                 | _                    | ☐ Change                  | Addilion                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  |   |                       | □ Oelete  |                       | 1   |                                  |                         |                     |                             |                      | Change                    | ☐ Addition                     |  |
| indicated<br>of the cor  | on this reportion or the               | rt or supplemental repo<br>he receiver or trustee e | rt is true<br>moowere | filing does not qualify fo<br>and accurate and that n<br>d to execute this report<br>Il other like empowered. | ny signal<br>as requi | ture shall have ti                          | the same                         | legal effe              | ct as if made       | under oa                    | ath; that I a        | m an officer              | or director                    |  |