### **2007 FOR PROFIT CORPORATION**

### **ANNUAL REPORT DOCUMENT # P99000052869** 1. Entity Name THE NEW AMERICAN STEEL RULE DIE, INC.

Principal Place of Business

7760 WEST 20TH AVE. #15 HIALEAH, FL 33016

Mailing Address

7760 WEST 20TH AVE. #15 HIALEAH, FL 33016

## **FILED** May 02, 2007 8:00 am Secretary of State

05-02-2007 90053 036 \*\*\*150.00



#### DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0927880

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASANAS, CARLOS A

# DO NOT WRITE

1335 NE 176 N MIAMI, FL				THIS SPACE		
	amed entity submits this statement for the pass of registered agent.	ourpose of changing its regis	I stered office or registered agent, or	both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE	gnature, typed or printed name of registered agent and title	if applicable. (NOTE: Regi	stared Agent signature required when reinstating	p) DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu						
10.	OFFICERS AND DIRECTORS		ı			
NAME STREET ADDRESS	DPT POLANCO, NICANOR R 4510 NW 169TH TERRACE MIAMI, FL 33055	<del>-</del>				
NAME STREET ADDRESS	SDV CASANAS, CARLOS A 1335 NE 178TH STREET N MIAMI, FL 33162		- 7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, "		DO	O NOT WRITE	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN	THIS SPACE		
TITLE NAME STREET ADDRESS				N		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #