


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000006414 1. Entity Name TRANSTAR METALS ACQUISITION CORP.	
--	---

Principal Place of Business 14400 S FIGUEROA STREET GARDENA, CA 90248	Mailing Address 14400 S FIGUEROA STREET GARDENA, CA 90248
---	---

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0575906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEINKMAN, STEVEN 14400 S FIGUEROA STREET GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALPERT, THEODORE 14400 S FIGUEROA STREET GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000106373  
 U4/U8/U4-8U013-002 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **TED ALPERT** **MAR 26, 2004** **(313) 781-1513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #