


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90012 049 \*\*\*\*50.00

**DOCUMENT # L03000021880**

1. Entity Name  
**TUBE-MART, LLC.**



Principal Place of Business  
**1725 MAIN STREET, SUITE 209  
 WESTON, FL 33326**

Mailing Address  
**1725 MAIN STREET, SUITE 209  
 WESTON, FL 33326**

**Z4UB3JUG**

2. Principal Place of Business  
 Suite, Apt. #: etc.  
 City & State  
 Zip

3. Mailing Address  
**3300 LAUREL CIRCLE**  
 Suite, Apt. # etc.  
**E-102**  
 City & State  
**Weston FL**  
 Zip  
**33327**  
 Country  
**USA**



05062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**13-4254877**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ILEANA ARIAS TOVAR, ESQ.**  
**1725 MAIN STREET, SUITE 205  
 WESTON, FL**

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  DATE **4/30/04**

Signature, typewritten printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

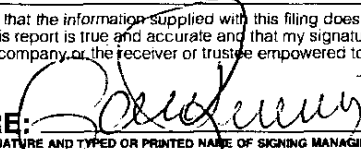
**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAMIREZ, GONZALO G 1725 MAIN STREET, SUITE 209 WESTON, FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAMIREZ, CONZALO M 1725 MAIN STREET, SUITE 209 WESTON, FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAMIREZ, LEOPOLDO A 1725 MAIN STREET, SUITE 209 WESTON, FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARTINEZ, BALBINO J 1725 MAIN STREET, SUITE 209 WESTON, FL 33326</b>	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **4/30/04** DAYTIME PHONE #: **(954) 515-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE