


FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90028 020 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022828

1. Entity Name
AMERICAN STEEL PRODUCTS, LLC



Principal Place of Business Mailing Address
3 GROVE ISLE DR #1204 **3 GROVE ISLE DR #1204**
COCONUT GROVE, FL 33133 **COCONUT GROVE, FL 33133**

34005089

2. Principal Place of Business 3. Mailing Address
3350 SW 148 Ave. Suite, Apt. #, etc.



02232004 Chg-LLC CR2E083 (10/03)

City & State City & State
Miramar FL

4. FEI Number Applied For
42-1598552 Not Applicable

Zip Country Zip Country
33027

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

6. Name and Address of Current Registered Agent
~~JOSE GREGORIO TOVAR~~
~~ARIAS TOVAR & ASSOCIATES, P.A.~~
~~1725 MAIN ST, STE 209, WESTON TOWN CENTER~~
~~WESTON, FL 33326~~

7. Name and Address of New Registered Agent
Name **Aurelio A. Piedra CPA**
Street Address (P.O. Box Number is Not Acceptable) **480 NW 42 Avenue**
Suite 516
City **Miami** 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 ~~X~~ **Aurelio A. Piedra CPA** **2/24/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. **MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
managing member	Eduardo Diquitz	780NW 42AVE STE 516	Miami FL 33126	<input type="checkbox"/>
	managing member			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. **ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X **Signature** Date Daytime Phone #

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