2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90233 010 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L99000001189

1. Entity Name
BLUE COAST INTERNATIONAL, L.L.C.

Principal Place of Business	Mailing Address
3900 NW 79 AVE. #428 MIAMI FL 33166	3900 NW 79 AVE. #428 MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address	
2853 EXECUTIVE PARK DR.		2853 EXECUTIVE PARK DR.	
Suite, Apt. #, etc.: 104		Suite, Apt. #, etc.: 104	
City & State: WESTON FL.		City & State: WESTON, FL.	
Zip: 33331	Country: USA.	Zip: 33331	Country: USA.

4. FEI Number: 65-0906988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIENFUEGOS, ARMANDO R
3270 SW 17ST
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: FERNANDO DA COSTA.
Street Address (P.O. Box Number is Not Acceptable): 2853 EXEC. PARK DR. SUITE 104.
City: WESTON FL Zip Code: 33331

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: [signature] · FERNANDO DA COSTA - MANAGER. DATE: 01-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DA COSTA, FERNANDO 7014 NW 50 ST. MIAMI FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL. 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GONZALEZ, LUZ WELL 7014 NW 50 ST. MIAMI FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2853 EXEC. PARK DR. SUITE 104 WESTON FL. 33331
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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: [signature] · FERNANDO DA COSTA MANAGER   1/29/04   305-345-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #