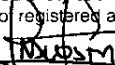


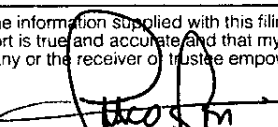
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-04-2004 90233 010 ****50.00

DOCUMENT # L99000001189			
1. Entity Name BLUE COAST INTERNATIONAL, L.L.C.			
Principal Place of Business 3900 NW 79 AVE. #428 MIAMI FL 33166		Mailing Address 3900 NW 79 AVE. #428 MIAMI FL 33166	
2. Principal Place of Business 2853 EXECUTIVE PARK DR.		3. Mailing Address 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.
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 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  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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **MANAGER**
FERNANDO DA COSTA DATE **1/29/04** 305-345-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE