

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000637

FILED
Jan 28, 2004
Secretary of State

Entity Name: METAL SHIELD, L.L.C.

Current Principal Place of Business:

5445 NW 24 ST
MARGATE, FL 33063

New Principal Place of Business:

5445 NW 24 ST
UNIT 1
MARGATE, FL 33063

Current Mailing Address:

5445 NW 24 ST
MARGATE, FL 33063

New Mailing Address:

5445 NW 24 ST
UNIT 1
MARGATE, FL 33063

FEI Number: 65-0974410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, SCOTT A
5445 NW 24TH ST
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

LEVINE, SCOTT A
12306 ROCKLEDGE LANE
BOCA RATON, FL 33428 US

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.

SIGNATURE: SCOTT A. LEVINE

01/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MICHAELI, HAIM
Address: 5445 NW 24TH ST
City-St-Zip: MARGATE, FL 33063

Title: MGR () Delete
Name: LEVINE, SCOTT A
Address: 5445 NW 24TH ST
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHAELI, HAIM
Address: 11924 NW 11TH CT.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change () Addition
Name: LEVINE, SCOTT A
Address: 21306 ROCKLEDGE LANE
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT A. LEVINE

MGR

01/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date