


AMENDED

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

 05-17-2004 90567 035 *****50.00
 L02000011965

DOCUMENT # L02000011965 1. Entity Name FENI STAINLESS, LLC		 FILED 2004 MAY 24 PM 1:56 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 01-0695275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent ALDANA, MANUEL 3656 S HOPKINS AVE TITUSVILLE FL 32780		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDANA, LILYAM 7958 68TH AVE MIDDLE VILLAGE NY 11379	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ALDANA, MANUEL F 3110 SANDALWOOD LN TITUSVILLE FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNSTER, RICARDO 88-10 32ND AVE UNIT #402 EAST ELMHURST NY 11369	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNSTER, RICARDO 1635 TILANDEROGA COURT TITUSVILLE, FL 32786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, TELMA 57 W ORCHARD RD CHAPPAQUA NY 10514	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"/> 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"/> Delete	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: <u>MANUEL F. ALDANA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>4-29-4</u> Daytime Phone #: <u>383 9160</u>	