
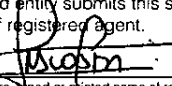


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-04-2004 90233 003 ****50.00

DOCUMENT # L02000023860			
1. Entity Name METAL COAST, L.L.C.			
Principal Place of Business 3900 NW 79TH AVENUE 429 MIAMI FL 33166		Mailing Address 3900 NW 79TH AVENUE 429 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 CUEVAS, ANDREW ESQ. CUEVAS & RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name FERNANDO DA COSTA Street Address (P.O. Box Number is Not Acceptable) 2853 EXECUTIVE PARK DR. SUITE 104 City WESTON FL. Zip Code 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM <input checked="" type="checkbox"/> BLUE COAST INTERNATIONAL, L.L.C. <input type="checkbox"/> Delete 3900 NW 79TH AVENUE, #429 <i>change address.</i> MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2853 EXECUTIVE PARK DR. SUITE 104 WESTON, FL. 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> METAL-EAGLE II, L.L.C. <input type="checkbox"/> Delete 3900 NW 79TH AVENUE, #429 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2853 EXECUTIVE PARK DR. SUITE 104 WESTON FL 33331
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
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

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MOORE CR2E083 (11/03)

4. FEI Number **14-1848468** Applied For ☐ Not Applicable ☐

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

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:  **FERNANDO DA COSTA / MANAGER** DATE **01/29/04** DAYTIME PHONE # **954-660-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE