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Jul 14, 2004 8:00 am
Secretary of State
07-14-2004 90061 005 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008074

1. Entity Name
PREMIUM COATINGS, LLC

14025638

Principal Place of Business	Mailing Address
9508 NORTH TRASK STREET TAMPA, FL 33624	9508 NORTH TRASK STREET TAMPA, FL 33624
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2330670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINET, PAUL R 9508 NORTH TRASK STREET TAMPA, FL 33624	Name LUCIEN PINET Street Address (P.O. Box Number is Not Acceptable) 9508 NORTH TRASK ST City TAMPA FL Zip Code 33624

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: LUCIEN PINET DATE: 07-07-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIEN PINET 2271 HEMINGWAY DRIVE BURLINGTON, ONTARIO, CANADA L7P 4N2 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: LUCIEN PINET 07-07-04 888-2984021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachments
#L03000008074 / 14025638

Nowicki and Company, LLP
3198 Union Road, Suite 100
Buffalo, New York 14227
Phone: (716) 681-6367
Fax: (716) 681-6711

INSTRUCTIONS FOR FILING

FLORIDE LIMITED LIABILITY COMPANY ANNUAL REPORT

FOR THE PERIOD: *2004*

Date	July 7, 2004
To be signed and dated by an authorized officer of the corporation	**PREMIUM COATINGS, LLC**
Tax and Payments	Amount of tax due **$ 50.00**
Make check payable to	Florida Department of State Write your taxpayer I.D. number **56-2330670** on the face of your check.
Mail Tax Return To	Division of Corporations P.O. Box 6478 Tallahassee, L 32314
Due Date For Filing This Return	*Immediately*
Special Instructions	*Officer must also sign and date the return in Box 11.*