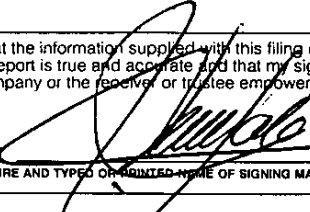
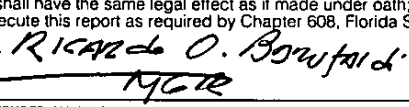


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90071 011 ****50.00

DOCUMENT # L04000001179 1. Entity Name R.B. ALUMINUM DESIGN, L.L.C.					
Principal Place of Business 19190 NW 82ND CIRCLE CT. MIAMI, FL 33015			Mailing Address 19190 NW 82ND CIRCLE CT. MIAMI, FL 33015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BARUFALDI, RICARDO O 19190 NW 82ND CIRCLE CT. MIAMI, FL 33015				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 reinstalling) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	BARUFALDI, RICARDO O		NAME		
STREET ADDRESS	19190 NW 82ND CIRCLE CT.		STREET ADDRESS		
CITY-ST-ZIP	MAIMI, FL 33015		CITY-ST-ZIP		
TITLE			TITLE	MGR	
NAME			NAME	BARUFALDI, ESTELA M.	
STREET ADDRESS			STREET ADDRESS	19190 NW 82 CIRCLE CT	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33015	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			SIGNATURE 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/13/2005 Daytime Phone #		

60034741



03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **60-0576086** Applied For Not Applicable

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

FL