
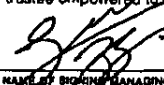


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/10

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90035 033 \*\*\*\*50.00

DOCUMENT # L04000005693			
1. Entity Name WIRE MESH SALES LLC			
Principal Place of Business 4034 FAYE ROAD JACKSONVILLE, FL 32226-2347		Mailing Address 4034 FAYE ROAD JACKSONVILLE, FL 32226-2347	
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 HERNANDEZ, ARTHUR 121 W. FORSYTH STREET, SUITE 800 JACKSONVILLE, FL 32202-3841		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
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	MGRM	TITLE	
NAME	IGNACIO SALA, JOSE	NAME	
STREET ADDRESS	4034 FAYE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322262347	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	CARLOS SALA, JUAN	NAME	
STREET ADDRESS	4034 FAYE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322262347	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	BARRENECHEA, LUIS	NAME	
STREET ADDRESS	4034 FAYE ROAD	STREET ADDRESS	8550 Touchton Rd #612
CITY-ST-ZIP	JACKSONVILLE, FL 322262347	CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	MGRM	TITLE	
NAME	BARRENECHEA, RAFAEL	NAME	
STREET ADDRESS	4034 FAYE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322262347	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	BARRENECHEA, JORDI	NAME	
STREET ADDRESS	4034 FAYE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322262347	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: 		2/8/05 404 451 9838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002854



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0669473 Applied For Not Applicable

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

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #