

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05-07-2007 90381 911 ***50.00
2007 MAY 29 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000107315

1. Entity Name
NEW IMAGE ALUMINUM, LLC



Principal Place of Business
**11331 S INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

Mailing Address
**11331 S INTERCHANGE CIRCLE
MIRAMAR, FL 33025**

2. Principal Place of Business - No P.O. Box #
2234 SW 129 TERR

3. Mailing Address
2234 SW 129 TERR

Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR FL

Zip
33027

Country
USA

Zip
33027

Country
USA

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3750643

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

Name
ANDRE CHESTNUT

Street Address (P.O. Box Number is Not Acceptable)
2234 SW 129 TERR.

City
MIRAMAR

FL Zip Code
33027

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 *[Signature]* (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER ANDRE CHESTNUT 2234 SW 129 TERR MIRAMAR FL 33027 <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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| 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 exemptions contained in Chapter 119, 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]* **ANDRE CHESTNUT** 4/30/07 954-297-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #