

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020621

FILED  
Jun 25, 2008  
Secretary of State

Entity Name: CONTINENTAL METAL SHAPES, LLC

## Current Principal Place of Business:

9400 SOUTH DADELAND BLVD., SUITE 600  
MIAMI, FL 33156

## New Principal Place of Business:

6101 BLUE LAGOON DR  
STE 150  
MIAMI, FL 33126

## Current Mailing Address:

9400 SOUTH DADELAND BLVD., SUITE 600  
MIAMI, FL 33156

## New Mailing Address:

6101 BLUE LAGOON DR  
STE 150  
MIAMI, FL 33126

FEI Number: 26-0513215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

J. DAVID PENA & ASSOCIATES  
701 BRICKELL AVE SUITE 1650  
MIAMI, FL 33131      US

## Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
STE 200  
MIAMI, FL 33126      US

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.

SIGNATURE: DOMINGO ALONSO

06/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: FUENTES GOMEZ, ARIEL  
Address: 6101 BLUE LAGOON DR STE 150  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARIEL FUENTES GOMEZ

MGR

06/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date