2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003409

Entity Name: NISSEN FASTENERS (FLORIDA) LLC

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:

8715 NW 100TH STREET

MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

PO BOX 145238 CORAL GABLES, FL 33114 US

FEI Number: 98-0388223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: 02/06/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NISSEN, CHRISTIAN V
 Name:

 Address:
 2231 PLACE DE BELVEDERE
 Address:

 City-St-Zip:
 ST LAZARE,, QC J7T 2B1 CA
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NISSEN, RALPH D
 Name:

 Address:
 223 MCDERMOTT
 Address:

 City-St-Zip:
 ROCKLAND, ON K4K 1K9 CA
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NISSEN, PETER A
 Name:

 Address:
 41 OXFORD
 Address:

 City-St-Zip:
 BRIE D'URFE, QC H9X 2T6
 City-St-Zip:

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: CHRISTIAN V. NISSEN MGRM 02/06/2008

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