

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 19, 2009
Secretary of State**

DOCUMENT# L03000050842

Entity Name: ITFC INTERNATIONAL TRADE-FINANCE CONSULTING, LLC

Current Principal Place of Business:

7823 HARDWICK DRIVE
#224
NEW PORT RICHEY, FL 346536261 US

New Principal Place of Business:

Current Mailing Address:

7823 HARDWICK DRIVE
#224
NEW PORT RICHEY, FL 346536261 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CESTONE, ANTONIO MANG
7823 HARDWICK DRIVE
#224
NEW PORT RICHEY, FL 346536261 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CESTONE, ANTONIO
Address: 7823 HARDWICK DRIVE #224
City-St-Zip: NEW PORT RICHEY, FL 346536261 US

Title: MGRM () Delete
Name: CESTONE, ANNETTE
Address: 7823 HARDWICK DRIVE #224
City-St-Zip: NEW PORT RICHEY, FL 346536261 US

Title: MGRM () Delete
Name: CESTONE, MARK
Address: 7823 HARDWICK DRIVE #224
City-St-Zip: NEW PORT RICHEY, FL 346536261 US

Title: MGRM () Delete
Name: CESTONE, AMANDA
Address: 7823 HARDWICCK DRIVE #224
City-St-Zip: NEW PORT RICHEY, FL 346536261 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANTONIO CESTONE

MGRM

03/19/2009

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