


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 037 ***138.75

| | |
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| DOCUMENT # L03000053281 |  |
| 1. Entity Name HARVESTERS TRADING, LLC | |

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|---|---|
| Principal Place of Business POST OFFICE BOX 526642 MIAMI, FL 33152-6642 | Mailing Address POST OFFICE BOX 526642 MIAMI, FL 33152-6642 |
|---|---|

50005314

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Road Suite 370 Palmetto Bay Florida 33157 | 3. Mailing Address 18001 Old Cutler Road Suite 370 Palmetto Bay Florida 33157 |
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04152008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-0524725 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DIAZ, JUAN ESQUIRE 5800 NORTHWEST 74TH AVENUE MIAMI, FL 33166 | | Name Corporate Creations Networks, Inc. |
| | | Street Ad. 11380 Prosperity Farms Road #221E |
| | | City Palm Beach Gardens, FL 33410 |
| | | Code |

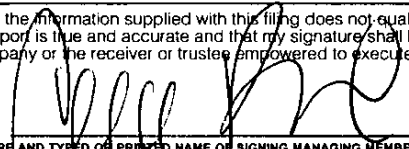
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. MGR ADDITIONAL CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARED, CARLOS E <input type="checkbox"/> Delete POST OFFICE BOX 526642 MIAMI, FL 331526642 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARED, CARLOS E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARED, MAURICE <input type="checkbox"/> Delete POST OFFICE BOX 526642 MIAMI, FL 331526642 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARED, MAURICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157 |
| 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:  **4-29-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #