

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033352

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** IPOM TRADING & CONSULTING SOLUTIONS, LLC

**Current Principal Place of Business:**

5055 COLLINS AVE  
10F  
MIAMI, FL 33140

**New Principal Place of Business:**

9055 SW 73RD CT  
606  
MIAMI, FL 33156

**Current Mailing Address:**

5055 COLLINS AVE  
10F  
MIAMI, FL 33140

**New Mailing Address:**

9055 SW 73RD CT  
606  
MIAMI, FL 33156

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

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

CORPORATE SOLUTIONS LLC  
520 BRICKELL KEY DR  
1403  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POMAREDA, IGNACIO  
Address: 5055 COLLINS AVE 10F  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POMAREDA, IGNACIO  
Address: 9055 SW 73RD CT  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: IGNACIO POMAREDA

MGRM

07/24/2006

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