

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062503

Entity Name: GCA COMMERCE, LLC

FILED  
Apr 03, 2007  
Secretary of State

**Current Principal Place of Business:**

2335 NW 107TH AVE BOX 133 WAREHOUSE 49B  
MIAMI, FL 33172

**New Principal Place of Business:**

2315 NW 107TH AVE BOX 133 WAREHOUSE 1A16  
MIAMI, FL 33172

**Current Mailing Address:**

2335 NW 107TH AVE BOX 133 WAREHOUSE 49B  
MIAMI, FL 33172

**New Mailing Address:**

2315 NW 107TH AVE  
BOX 133 WAREHOUSE 1A16  
MIAMI, FL 33172

FEI Number: 20-3047353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  
520 BRICKELL KEY DRIVE SUITE 0-305  
MIAMI, FL 33131 US

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

AGUIAR, GUILHERME C FINACIA  
780 NE 69TH STREET  
306  
MIAMI, FL 33138 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: GUILHERME AGUIAR

04/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUES, VANILDA F  
Address: 2335 NW 107TH AVE BOX 133 WAREHOUSE 49B  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUES, VANILDA F  
Address: 2315 NW 107TH AVE BOX 133 WAREHOUSE 1A16  
City-St-Zip: MIAMI, FL 33172

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: VANILDA DOS REIS

MGR

04/03/2007

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