



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90016 005 \*\*\*138.75

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L06000119355</b>   |   |  |   |
| 1. Entity Name<br>M3 TRADING LLC   |   |   |   |
| Principal Place of Business<br>941 NW 136 AVENUE<br>MIAMI, FL 33182  |   | Mailing Address<br>941 NW 136 AVENUE<br>MIAMI, FL 33182                           |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent                                       |   |
| REYES, ARMANDO<br>941 NW 136 AVENUE<br>MIAMI, FL 33182   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |   |
|  |   | FL Zip 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 _____  |   | DATE _____  |   |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)                      |   |
| <b>FILE NOW!!! FEE IS \$138.75</b>   |   | <b>Make check payable to Florida Department of State</b>                          |   |
| After May 1, 2008 Fee will be \$538.75   |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>MOHAMAD GONZALEZ, AMED H<br>941 NW 136 AVENUE<br>MIAMI, FL 33182 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MARTINEZ GRATEROL, ENIO C<br>941 NW 136 AVENUE<br>MIAMI, FL 33182 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MARTINEZ GAMBOA, CARLOS A<br>941 NW 136 AVENUE<br>MIAMI, FL 33182 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MAZZONE MONTICELLI, FRANCISCO G<br>941 NW 136 AVENUE<br>MIAMI, FL 33182 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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   |   | ARMANDO REYES<br>REGISTERED AGENT 01/08/07 (305) 446-4664                         |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #  |   |

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4. FEI Number 20-8048924 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required