2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: ERNESTO HEMPE
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 31, 2005 8:00 am Secretary of State

February 1, 2005

(813) 980-0017 Daytime Phone #

DOCUMENT # L0400000592 1. Entity Name MICK TRADING (USA), LLC						01-31-2005 90202 024 ****50.00				
Principal Place of Business Mailing Address										
7904 CAPWO TAMPA, FL	00D AVENUE 33637	7904 CAPWOOD AVENUE TAMPA, FL 33637						. 1	· · · ·	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State				4. FEI Number	33-1080017			pplied For at Applicable
Zip	Country	Zip	Count			5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	Name	,	7. Name and Address of New Registered Agent					
	A. DOWD, P.A. HIGHWAY 301 N, SUITE 900				Address (F	s (P.O. Box Number is Not Acceptable)				
TAMPA, F			ON THE PROPERTY OF THE PROPERT							
			City	у			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE										
Filing Fee is \$50.00							· · · · · · · · · · · · · · · · · · ·	check pay		
D	iling Fee is \$50.00 ue by May 1, 2005							Department		•
9.	MANAGING MEMBE	S/MANAGERS 10.			_		ADDITIONS/0	CHANGES		
TITLE NAME	MGR HEMPE, ERNESTO	☐ Delete	TITLE NAM		MGR	A MADTILA			Change	✓ Addition
STREET ADDRESS	7904 CAPWOOD AVENUE			ET ADDRESS		LA, MARTHA CAPWOOD AVENUE				
CITY-ST-ZIP	TAMPA, FL 33637		CITY	CITY-ST-ZIP TA		A, FLORIDA 33	637			
TITLE	MGR	☐ Delete	TITLE] Change	☐ Addition
NAME STREET ADDRESS	HÉMPE, MARIA		NAM							
CITY-ST-ZIP	7904 CAPWOOD AVENUE TAMPA, FL 33637			et adoress -st-zip						
TITLE		□ Delete	TITLE	·					Change	Addition
NAME			· NAMI	Ε				_		
STREET ADDRESS CITY-ST-ZIP		=		ET ADDRESS						
TITLE		Поль		- \$T- ZIP	 				1 0.	
NAME		☐ Delete	TITLE					L	Change	☐ Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS			NAMI	e Et address						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>					Change	Addition
NAME			NAM						-	
STREET ADDRESS CITY-ST-ZIP				et address - St-Zip						
	Certify that the information supplied with	this filing does not qualify for			ted in Sec	tion 110 07/21/0	Florida Statutas 11	further contit.	that the !-	docmatics.
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										