

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # L04000029257

1. Entity Name
ASSOCIATED INTERNATIONAL BROKERAGE LLC



Principal Place of Business

**53RD STREET, URBANIZACION OBARRIO
TORRE SWISS BANK, 16TH FLOOR
CIUDAD DE PANAMA, REP OF PAN, PA 00000**

Mailing Address

**53RD STREET, URBANIZACION OBARRIO
TORRE SWISS BANK, 16TH FLOOR
XX CIUDAD DE PANAMA, REP OF PAN, PA 00000**

XX



05042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, LUIS A 53RD STREET, URBANIZACION OBARRIO CIUDAD DE PANAMA /REP OF PA, PA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, PAMELA D 53RD STREET, URBANIZACION OBARRIO CIUDAD DE PANAMA /REP OF PA, PA 00000
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05/20/06-80004-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/4/2006

Date

(212) 9800390

Daytime Phone #