

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001248

Entity Name: RAM INTERNATIONAL TRADING LLC

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

3401 NORTH FEDERAL HIGHWAY
SUITE #219
BOCA RATON, FL 33431 46

Current Mailing Address:

5691 FOX HOLLOW DR., APT. #B
BOCA RATON, FL 33486

New Principal Place of Business:

5691 FOX HOLLOW DR.
APT.B
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 30-0234636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALISKANER, EROL
5691 FOX HOLLOW DR. APT #B
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: CALISKANER, EROL
Address: 3401 NORTH FEDERAL HIGHWAY SUITE# 219
City-St-Zip: BOCA RATON, FL 33431 46

Title: MGR () Delete
Name: CALISKANER, SIBEL
Address: 3401 NORTH FEDERAL HIGHWAY SUITE#219
City-St-Zip: BOCA RATON, FL 33431 46

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALISKANER, EROL
Address: 5691 FOX HOLLOW DR.APT B
City-St-Zip: BOCA RATON, FL 33486

Title: MGR (X) Change () Addition
Name: CALISKANER, SIBEL
Address: 5691 FOX HOLLOW DR.APT B
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify 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: EROL CALISKANER

MGRM

03/06/2009

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