


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001455					
1. Entity Name SANRO INDUSTRIES AND TRADING, L.L.C.					
Principal Place of Business 11000 PROSPERITY FARMS ROAD, SUITE 300 PALM BEACH GARDENS, FL 33410			Mailing Address 11000 PROSPERITY FARMS ROAD, SUITE 300 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # 4495 Military Trail		3. Mailing Address 4495 Military Trail			
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201			
City & State Jupiter, FL		City & State Jupiter, FL			
Zip 33458	Country USA	Zip 33458	Country USA	4. FEI Number 65-0996600	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PUMPHREY, GERALD ESQ. 11000 PROSPERITY FARMS ROAD, SUITE 300 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4495 Military Trail Suite 201 City Jupiter FL Zip Code 33458		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, RAUL 6800 SW 40TH ST PMB 118 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000104285480 06/12/07--01050--007 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIANG, JULIA VICTORIA 6800 SW 40TH ST PMB 118 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Raul Rojas</i> MANAGING MEMBER 6/11/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

FILED

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