

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003009

FILED
Sep 05, 2005
Secretary of State

Entity Name: NORTHEAST TRADE & SERVICE CENTER LC

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD., STE. 226
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1897 PALM BEACH LAKES BLVD., STE. 226
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 52-2224172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARNER & ASSOCIATES CPA, P.A.
1897 PALM BEACH LAKES BLVD., STE. 226
WEST PALM BEACH, FL 33409 US

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: SIKIC, IVAN
Address: 1897 PALM BEACH LAKES BLVD., STE. 226
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: SIKIC, ARIELA
Address: 1897 PALM BEACH LAKES BLVD., STE. 226
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIKIC IVAN

MGR

09/05/2005

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