2004 LIMITED LIABILITY COMPANY

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90420 045 ****50.00 MOORE CR2E083 (11/03) 4. FEI Number Applied For 65-1148050 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES vice President **Addition** ☐ Change Guillermo Kiuhan 1472 NW 153 AUC pembroke Pines, FL 33028 ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition Change ☐ Addition ☐ Change ☐ Addition

ANNUAL REPORT (AR) **DOCUMENT # L01000018406** 1. Entity Name NASAKI INTERNATIONAL TRADING LLC Principal Place of Business Mailing Address 1472 NW 153RD AVE 1472 NW 153RD AVENUE PEMBROKE PINES FL:33028 PEMBROKE PINES FL 33028 . .. 2. Principal Place of Business 3. Mailing Address P. O. Box 278855 Suite, Apt. #, etc. City & State City & State Miramar Zip 6. Name and Address of Current Registered Agent

TOBON, MARTHA C

the obligations of registered agent.

TOBON, MARTHA C

SANTOFIMIO, JOSE

1472 NW 153RD AVE.

NAVARRO, PATRICIA

1472 NW 153RD AVE.

TS

1472 NW 153RD AVE.

PEMBROKE PINES FL 33028

PEMBROKE PINES FL 33028

PEMBROKE PINES FL 33028

9.

TITLE

NAME

MARKE STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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STREET ADDRESS

C/TY-ST-7/P

1472 NW 153RD AVE PEMBROKE PINES FL 33028

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.

Name

Due By May 1, 2004

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

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TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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MANAGING MEMBERS/MANAGERS

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