

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018406

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: NASAKI INTERNATIONAL TRADING LLC

**Current Principal Place of Business:**

1472 NW 153RD AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 278855  
MIRAMAR, FL 33027

**New Mailing Address:**

PO BOX 822296  
PEMBROKE PINES, FL 33082

FEI Number: 65-1148050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TOBON, MARTHA C  
1472 NW 153RD AVE  
PEMBROKE PINES, FL 33028 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/MEMBERS:**

Title: PS ( ) Delete  
Name: TOBON, MARTHA C  
Address: 1472 NW 153RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: KIUHAN, GUILLERMO  
Address: 1472 NW 153 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TOBON, MARTHA C  
Address: 1472 NW 153RD AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR (X) Change ( ) Addition  
Name: KIUHAN, GUILLERMO  
Address: 1472 NW 153 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

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: GUILLERMO KIUHAN

MGR

02/23/2005

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