
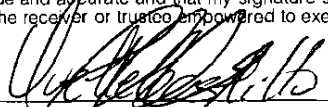


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90123 014 \*\*\*\*50.00

<b>DOCUMENT # L01000019763</b>					
<b>1. Entity Name</b> I.D.T. LLC					
<b>Principal Place of Business</b> 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166			<b>Mailing Address</b> 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166		
<b>2. Principal Place of Business - No P.O. Box #</b> 7128 NW 50 ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7128 NW 50 ST Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL Zip: 33166 Country: USA		<b>City &amp; State</b> Miami, FL Zip: 33166 Country: USA		<b>4. FEI Number</b> 65-1152636 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>1st MOORE CR2E083 (10/06)</b>	
<b>6. Name and Address of Current Registered Agent</b> CASTILLO, YVETTE 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MONTUFAR TRADE, INC. 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<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	MGRM DUQUE, NICOLAS 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<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	MGRM RUIZ, CARLOS 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<input checked="" 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	MGRM 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<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	MGRM 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<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	MGRM 7128 NW 50TH STREET UNIT B-5 MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b>  (Yvette Castillo) 03/22/07 305 477 9250					