LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # Lo 10000 20777

FILED Apr 01, 2002 8:00 am Secretary of State

1. Entity Name Intropied International Trading Congray LLC				04-01-2002 90609 037 ****50.00	
DO NO	OT WRITE	IN THIS SI	Factoring African Andrews	2007.000	
2. Principal Place of Business 17652 James Town Way		3. Mailing Address P.O. Box 340855		80054864	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Çity & State LUTZ , FL		City & State	<u> </u>	4. FEI Number Applied For Not Applicab	le l
Zip 33558	Country US. 4.	^{Zip} 33694	Country USA.	5. Certificate of Status Desired. \$5.00 Additional Fee Required	
			»	7. Name and Address of Current Registered Agent	ゴ
DO NOT WRITE Name Xia Tens (Noncy)					_
F .			Street Addre	ess (P.O. Box Number is Not Acceptable)	_
in.	THIS SP	ACE	176	52 BJAMESTOWN Way	1
			City L	UTz FL Zip Code 33552	?
8. The above named entity s	ubmits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida.	7
SIGNATURE Signature	Zery printed name of registered agent a	Xia Tox	15 Manzi	m Member 3/19/02	
зеришне, урвен и	Balled Hallie of registrated agent a	по на в времения.	EE IS \$50.00	DATE DATE	7
	V	Make Check Pa	yable to Departmen	nt of State	
9.	MANAGING MEMBER			m ac. who be	4
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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.					
7 2					
SIGNATURE:	TYPED OR PRINTED NAME OF	XIQ /C/C	AGER, OR AUTHORIZED REP	3//7/01 8/3-267-5885 RESENTATIVE Date Doubline Proce #	
- Serving All				Mayaria Chana P	