
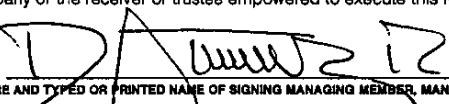


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90149 001 \*\*\*100.00

<b>DOCUMENT # L01000021486</b> 1. Entity Name <b>MULTITRADE TRANSPORTERS, LLC</b>					
Principal Place of Business <b>3704 CARROLLWOOD PL. CR 307 TAMPA, FL 33624</b>			Mailing Address <b>3704 CARROLLWOOD PL. CR 307 TAMPA, FL 33624</b>		
2. Principal Place of Business <b>2312 W Waters Ave</b>		3. Mailing Address <b>2312 W Waters Ave.</b>			
Suite, Apt. #, etc. <b>Ste 2</b>		Suite, Apt. #, etc. <b>Ste 2</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33604</b>	Country <b>Hillsborough</b>	Zip <b>33604</b>	Country <b>Hillsborough</b>	4. FEI Number <b>65-1158746</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>DASAM INVESTMENT, INC. 2310 W WATERS AVE STE D TAMPA, FL 33604</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ RESTREPO, ROBERT 10124 ARBOR RUN DR TAMPA, FL 33647 <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 SERNA VAZQUEZ, MARIA MARLENE 10124 ARBOR RUN DR TAMPA, FL 33647 <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	<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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>SIGNATURE:</b> 				Date <b>4/29/05</b> Daytime Phone #	