



**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

8/6/2003-90041-020-\$55.00-\$55.00

FILED

03 OCT 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # L0200000885 | |  | |
| 1. Entity Name ZINGG INTERNATIONAL TRADING LLC | | | |
| Principal Place of Business 1106 HARBOR LANE GULF BREEZE, FL 32563 | | Mailing Address 1106 HARBOR LANE GULF BREEZE, FL 32563 | |
| 2. Principal Place of Business 13 Hill Brook Way Subs, Apt. #, etc. | | 3. Mailing Address 4771 Bayou Blvd Subs, Apt. #, etc. PMB # 335 | |
| City & State PENSACOLA FL | | City & State PENSACOLA FL | |
| Zip 32503 | | Zip 32503 | |
| Country USA | | Country USA | |
| 4. FEI Number EIN 02-0542046 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SVERIO, MANUEL 4400 BAYOU BLVD SUITE 10C PENSACOLA, FL 32503 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| State | | State | |
| Zip Code | | 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. SAME REGISTERED AGENT | | | |
| SIGNATURE | | DATE | |
|  | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | |
| TITLE | NAME | TITLE | NAME |
| | MARGARITA ZINGG MGA | | |
| STREET ADDRESS | 4771 BAYOU BLVD #335 | STREET ADDRESS | |
| CITY-STATE-ZIP | PENSACOLA, FL 32503 | CITY-STATE-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| | <input type="checkbox"/> Delete | | <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)(d), 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. | | | |
| SIGNATURE: Margarita Zingg | | DATE: 10/20/2003 | |
| SIGNATURE AND TITLE | | DATE | |

CFR2003 (10/02)