FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90899 016 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017143

1. Entity Name
2M TRADING LLC

Principal Place of Business	Mailing Address
5770 NW 72 AVE MIAMI, FL 33166	5770 NW 72 AVE MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
780 NW 42 Ave	780 NW 42 Ave
Suite, Apt. #, etc.: # 516	Suite, Apt. #, etc. # 516
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: DADE	Zip: 33126 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 54-2065952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKLIFF, JOHN E
9583 SW 148 AVE.
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: Aurelio A. PiedrA
Street Address (P.O. Box Number is Not Acceptable): 780 NW Le Jeune Rd
516
City: Miami FL Zip Code: 33126

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: _____ Aurelio A PiedrA 4/8/03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Wilfrido F. Moreno Alvarado Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Vice-MGR Francisco Moreno 321 Olivewood Pl Kayser
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition # 123 Boca Raton FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: X _____ 4/8/03 (305) 443-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Wilfrido F. Moreno Alvarado (MGR)