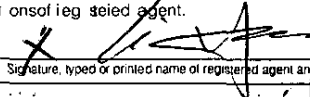


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90183 019 ****50.00

DOCUMENT # L02000022847 1. Entity Name GLOBAL RESOURCES TRADING, L.L.C.					
Principal Place of Business 4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351			Mailing Address 2702 N. DALE MABRY HWY. TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City State Zip County		City State Zip County		03012004 Chg-LLC CR2E083 (10/03) 4. FEI Number 80-0065520	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YANG, LI HUI 4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) City State Zip		
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 obligation of the registered agent.					
SIGNATURE  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: EASTERN INTERNATIONAL GROUP, INC. ☒ Delete STREET ADDRESS: 4850 N. UNIVERSITY DRIVE CITY-STATE-ZIP: LAUDERHILL, FL 33351			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-STATE-ZIP: ☐ Delete			TITLE: MGRM ☐ Change ☒ Addition NAME: YANG, LI HUI STREET ADDRESS: 4850 N. UNIVERSITY DR. CITY-STATE-ZIP: LAUDERHILL, FL 33351		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-STATE-ZIP: ☐ Delete			TITLE: MGRM ☐ Change ☒ Addition NAME: LEONG, DENNIS V. STREET ADDRESS: 987 S. Bank Dr. CITY-STATE-ZIP: Rock Hill, SC 29732		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-STATE-ZIP: ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition		
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-STATE-ZIP: ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					