

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90352 033 \*\*\*\*50.00

<b>DOCUMENT # L02000023318</b>					
<b>1. Entity Name</b> A & M TRADING, LLC					
<b>Principal Place of Business</b> 5900 NW 99TH AVE BAY 10 DORAL, FL 33178 US			<b>Mailing Address</b> 5900 NW 99TH AVE BAY 10 DORAL, FL 33178 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-3870818	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  J GARCIA & ASSOCIATES, PA 4801 S UNIVERSITY DR SUITE 302 DAVIE, FL 33328			<b>7. Name and Address of New Registered Agent</b> Name <u>J GARCIA &amp; Associates, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7850 NW 146th St.</u> <u>Suite 402</u> City <u>Miami Lakes</u> FL Zip Code <u>33016</u>		
<b>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.</b> SIGNATURE <u>James Garcia</u> DATE <u>4/3/07</u> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, ANA 5900 NW 99TH AVE, BAY 10 DORAL, FL 33178	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERRERA, MARIEL 5900 NW 99TH AVE, BAY 10 DORAL, FL 33178	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <u>M Herrera de Maso</u>			Date <u>4/6/07</u> Daytime Phone # <u>305-512-7575</u>		