


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90015 020 \*\*\*150.00

DOCUMENT # L02000029661

1. Entity Name  
V & V GLOBAL TRADING, L.L.C.



Principal Place of Business  
6955 NW 186 STREET #303  
HIALEAH GARDENS, FL 33015

Mailing Address  
6955 NW 186 STREET #303  
HIALEAH GARDENS, FL 33015

24052081

2. Principal Place of Business  
12835 SW 42 Street  
Suite, Apt. #, etc.

3. Mailing Address  
7951 SW 40th Street  
Suite, Apt. #, etc.  
206

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33175

Country  
U.S.

Zip  
33155

Country  
U.S.



04192004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
LINO VILLALOBOS  
6955 NW 186 STREET #303  
HIALEAH GARDENS, FL 33015

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

4. FEI Number  
33-1032495

Applied For  
Not Applicable

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

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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISLAB C.A. 6955 NW 186 STREET #303 HIALEAH GARDENS, FL 33015 <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
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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)(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 608, Florida Statutes.

SIGNATURE:  Date: 4/19/04 Daytime Phone #: 305-261-6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE