

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000002576

1. Entity Name

TRADING KIT U.S.A., LLC



Principal Place of Business

1120 S. POWERLINE ROAD
POMPANO BEACH, FL 33069

Mailing Address

1120 S. POWERLINE ROAD
POMPANO BEACH, FL 33069



01182006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

56-2315196

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, LUIS M
1120 S. POWERLINE ROAD
POMPANO BEACH, FL 33069

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIVINALLI, JOAQUIN
STREET ADDRESS	552 WEST PALM AIRE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	LIVINALLI, ALYS
STREET ADDRESS	552 WEST PALM AIRE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	DIAZ BERMEJO, JOSE
STREET ADDRESS	1120 S POWERLINE RD
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	CABRERA, LUIS
STREET ADDRESS	2332 PASADENA WAY
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:

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

Luis M Cabrera

1/19/06

Date

7549734276

Daytime Phone #