

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:22

DOCUMENT # L03000006685

1. Entity Name  
FINEX TRADE GROUP, LLC



Principal Place of Business  
1601 NW 97 AVE.  
MIAMI, FL 33172 US

Mailing Address  
1601 NW 97 AVE.  
MIAMI, FL 33172 US

2. Principal Place of Business  
380 GIRALDA AVE.  
Suite, Apt. #, etc.  
# 704W

3. Mailing Address  
380 GIRALDA AVE.  
Suite, Apt. #, etc.  
# 704 W



07202005 REIN-LLC CR2E101 (6/04)

City & State  
CORAL GABLES, FL.  
Zip  
33134 Country  
USA

City & State  
CORAL GABLES, FL.  
Zip  
33134 Country  
USA

4. FEI Number  
Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
MAZLOFF, HOWARD W  
9200 SOUTH DADELAND BLVD.  
SUITE 420  
MIAMI, FL 33156

7. Name and Address of New Registered Agent  
Name  
ARMANDO MONTALVO + ASSC.  
Street Address (P.O. Box Number is Not Acceptable)  
66 W. FLAGLER ST. (9th Floor)  
City  
MIAMI FL Zip Code  
33131

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]*

REINSTATEMENT

04-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUILERA, LUTGARDO C 1601 NW 97 AVE. MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/27/05--01013--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/27/05--01013--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]*  
LUTGARDO C. AGUILERA

305-668-6457  
7/26/05 202-250-3662

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

Date

Daytime Phone #