

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-10-2004 90187 037 ****50.00

DOCUMENT # L03000007311 1. Entity Name EXIMPORT TRADING, LLC																											
Principal Place of Business 1001 BRICKELL BAY DRIVE STE. 1704 MIAMI FL 33131		Mailing Address 1001 BRICKELL BAY DRIVE STE. 1704 MIAMI FL 33131																									
2. Principal Place of Business 201 CRANDON Blvd Suite, Apt. #, etc. # 700		3. Mailing Address 201 CRANDON Blvd Suite, Apt. #, etc. # 700																									
City & State Key Biscayne FLA Zip 33149 Country USA		City & State Key Biscayne, FLA Zip 33149 Country USA																									
4. FEI Number 55-0828597		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent PADILLA, SANTIAGO J P A 1001 BRICKELL BAY DRIVE STE. 1704 MIAMI FL 33131																									
7. Name and Address of New Registered Agent Name NICOLAS G. VILLAGELIU, CPA Street Address (P.O. Box Number is Not Acceptable) 1841 SW 29TH AVENUE City MIAMI FL Zip Code 33145		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 <u><i>Nicolas G. Villageliu, CPA</i></u> NICOLAS G. VILLAGELIU, CPA 4/1/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																											
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☒ Addition MANAGER ALICIA MENDEZ 201 CRANDON Blvd #700 Key Biscayne, FLA 33149 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☒ Addition MANAGER DANIEL CAMBON 201 CRANDON Blvd #700 Key Biscayne, FLA 33149 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition MANAGER ALICIA MENDEZ 201 CRANDON Blvd #700 Key Biscayne, FLA 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition MANAGER DANIEL CAMBON 201 CRANDON Blvd #700 Key Biscayne, FLA 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <u><i>Daniel Cambon</i></u> DANIEL CAMBON Pres 3-20x 305-5164467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																											