
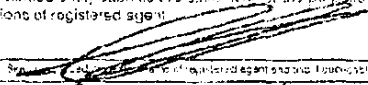
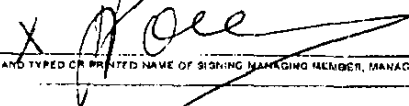


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90207 012 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000012363						24005027	
1. Entity Name BPK TRADERS, L.L.C.							
Principal Place of Business 10175 COLLINS AVENUE, STE. 203 BAL HARBOR, FL 33154		Mailing Address 10175 COLLINS AVENUE, STE. 203 BAL HARBOR, FL 33154					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292004 Chg-LLC CR2E083 (10/03)			
City & State		City & State		4. FEI Number 41-2090271		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI, FL 33145				7. Name and Address of New Registered Agent Name: Aurelio A. Piedra CPA Street Address (P.O. Box Number Not Acceptable): 780 New 42 Ave # 516 City: Miami FL Zip Code: 33126			
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 a member with, and accept the obligations of registered agent.							
SIGNATURE: 				SIGNATURE: Aurelio A. Piedra 2/26/04			
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-STATE-ZIP	MGR PONIMAN, DAVID 10175 COLLINS AVENUE, STE. 203 BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Operating mgr Poniman, David 10175 Collins Ave # 203 Bal Harbour FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PONIMAN, JOANNA 10175 COLLINS AVENUE, STE 203 BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary Poniman, Joanna 10175 Collins Ave # 203 Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEM BAVLY, DONALD 10175 COLLINS AVENUE, STE 203 BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice operating mgr Bavly, Donald 10175 Collins Ave # 203 Bal Harbour FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEM BAVLY, BEVERLY 10175 COLLINS AVENUE, STE 203 BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer Bavly, Beverly 10175 Collins Ave # 203 Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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. 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 909, Florida Statutes.							
SIGNATURE: 				1/28/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date			