


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90036 028 ****50.00

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DOCUMENT # L03000024804			
1. Entity Name GENERAL TRADE L.L.C.			
Principal Place of Business 2630 NW 97 AVENUE MIAMI, FL 33172		Mailing Address 2630 NW 97 AVENUE MIAMI, FL 33172	
2. Principal Place of Business SAME	3. Mailing Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 55-0839693	
Zip	Country USA	Zip	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESCOBAR, ANGELA M 770 CLAUGHTON ISLAND DR. #715 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Angela Escobar</i></u> ESCOBAR ANGELA REGISTERED AGENT 04/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGR ESCOBAR, ANGELA M 770 CLAUGHTON ISLAND DR #715 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the record or I am duly empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Angela Escobar* **ESCOBAR ANGELA MGR** **04/13/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #