2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 27, 2006
Secretary of State

DOCUMENT# L03000040518

Entity Name: TRADE INTERAMERICAN LLC

Current Principal Place of Business:

3515 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

90 EDGE WATER DR
SUITE 510
CORAL GABLES, FL 33133

Current Mailing Address:

P.O. BOX 273206
BOCA RATON, FL 33427

New Mailing Address:

90 EDGE WATER DR
SUITE 510
CORAL GABLES, FL 33133

FEI Number: 05-0589187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PENUELA-VELEZ, JUAN
P.O. BOX 273206
BOCA RATON, FL 33427 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA 11/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PENUELA-VELEZ, JUAN
Address: P.O. BOX 273206
City-St-Zip: BOCA RATON, FL 33427

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PENUELA-VELEZ, JUAN
Address: 90 EDGE WATER DR SUITE 510
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN PENUELA-VELEZ MGR 11/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date