2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State
04-12-2004 90033 047 ****50.00

DOCUMENT # L03000040649

1. Entity Name

CYCLOGLOBE MARKETING AND TRADING, LLC

34007407

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1328 SE 25 LOOP SUITE 101 OCALA FL 34471 US	P.O. BOX 129 LOWELL FL 32663

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 87-0713798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELIPE, MARCELL JD 888 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131	Name: Alvaro Saldarriaga Street Address (P.O. Box Number is Not Acceptable): 10180 NW 76th Terrace City: Ocala FL Zip Code: 34482

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: Alvaro Saldarriaga (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: April 6/04

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FAKHOURY, JAMAL C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EURIBE & SONS, LLC C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MEJIA, JUAN D C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALDARRIAGA, ALVARO C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Alvaro Saldarriaga 05/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #