

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-16-2004 90140 017 \*\*\*\*50.00

L03000042264

DOCUMENT # L03000042264

1. Entity Name

UNIVERSAL TRADING LLC



Principal Place of Business  
9720 S.W. 73 COURT  
MIAMI FL 33156

Mailing Address  
9720 S.W. 73 COURT  
MIAMI FL 33156

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 28 PM 12:04

MOORE/28/04



MOORE CR2E083 (4/04)

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

20-0360674

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA BERNAL SANCHEZ  
9720 S.W. 73 COURT  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: Luis Javier Quincoz

Street Address (P.O. Box Number is Not Acceptable)

SAME AS ABOVE

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

Signature, name or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE *Mgr* President  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*SAME AS ABOVE*

TITLE *Mgr* Vice-President  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*SAME AS ABOVE*

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #