2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046397

1. Entity Name
TRADEX USA LLC

Principal Place of Business	Mailing Address
2822 NW 72ND AVENUE MIAMI, FL 33122 US	2822 NW 72 AVENUE MIAMI, FL 33122

03242005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 33-1078795	Applied For Not Applicable
Zip Country	Zip Country	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
BURSA, GOKHAN 2822 NW 72 AVENUE MIAMI, FL 33122	Name _TAMER BITTAR_ Street Address (P.O. Box Number is Not Acceptable) 2822 NW 72nd Avenue City MIAMI FL Zip Code 33122

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]_ Signature, typed or printed name of registered agent and title if applicable.   _Tamer BITTAR_ (NOTE: Registered Agent signature required when reinstating)   03/28/05 DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BITTAR, TAMER		NAME	
STREET ADDRESS	2822 NW 72ND AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAWAF, ALBULSALAM		NAME	
STREET ADDRESS	2822 NW 72ND AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	
TITLE	MGRM	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BURSA, GOKHAN		NAME	
STREET ADDRESS	2822 NW 72ND AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.
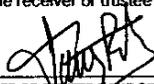
SIGNATURE: _[signature]_ Tamer BITTAR/President 03/28/05   305 4710771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #