

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053619

Entity Name: SEC TRADING, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

13375 S.W. 128 STREET
UNIT 106-A
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13375 S.W. 128 STREET
UNIT 106-A
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 27-0081275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL L. SIDLOSCA, P.A.
999 PONCE DE LEON BLVD.
#550
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPANELLA, SAUL E
Address: 13375 S.W. 128 STREET, UNIT #106-A
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: PINZON, MARTA
Address: 13375 S.W. 128 STREET, UNIT #106-A
City-St-Zip: MIAMI, FL 33186 US

Title: MGR () Delete
Name: GUTIERREZ ALTARE, ELIZABETH
Address: 13375 S.W. 128 STREET
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS ALTARE

G.M

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date