FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90080 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035412

1. Entity Name
GATTA TRADING LLC

600041622

Principal Place of Business	Mailing Address
8855 COLLINS AVE. SUITE 1007 SURFSIDE, FL 33154 US	37 TRYSTING RD SCITUATE, MA 02066 US

04222008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6423 Collins Ave	
Suite, Apt. #, etc. APT 1803	Suite, Apt. #, etc.
City & State Miami Beach, Fl	City & State
Zip 33141 Country USA	Zip Country

4. FEI Number 20-1119236 | 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
LANZA, ALBERTO A 8855 COLLINS AVE. SUITE 1007 SURFSIDE, FL 33154	Name LANZA, George Street Address (P.O. Box Number is Not Acceptable) 6423 Collins Ave APT 1803 City Miami Beach FL Zip Code 33141

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYMOUR, TERIE 8855 COLLINS AVE. SUITE 10G SURFSIDE, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYMOUR, JUSTIN 8855 COLLINS AVE. SUITE 10G SURFSIDE, FL 33154	☐ 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
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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 exemptions contained in Chapter 119, 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: X [signature] X 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #