


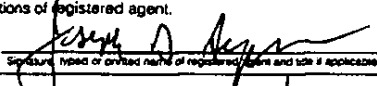
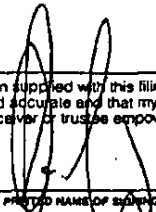
FILED
Mar 30, 2005 8:00 am
Secretary of State

02-09-2005 90158 002 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000038631			
1. Entity Name U.B. TRADING, LLC			
Principal Place of Business 10275 COLLINS AVENUE, STE. 1220 MIAMI, FL 33154		Mailing Address 10275 COLLINS AVENUE, STE. 1220 MIAMI, FL 33154	
2. Principal Place of Business 10275 Collins Avenue Suite, Apt. #, etc. Suite 1220		3. Mailing Address 10275 Collins Avenue Suite, Apt. #, etc. Suite 1220	
City & State Bal Harbour, Florida		City & State Bal Harbour, Florida	
Zip 33154	Country USA	Zip 33154	Country USA
4. FEI Number 76-0759321		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASWELL, CHRIS 2364 FRUITVILLE ROAD SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Joseph D. Sydnor, CPA Street Address (P.O. Box Number is Not Acceptable) 1005 Kane Concourse, Suite 203 City Bal Harbour FL Zip Code 33154	
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  Joseph D. Sydnor, CPA DATE 2/3/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input type="checkbox"/> Delete Uri Brief 10275 Collins Ave. #1220 Bal Harbour, Florida 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 2/3/05			