

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049624

FILED
Jan 24, 2007
Secretary of State

Entity Name: QUALITY GLOBAL TRADE GROUP LLC

Current Principal Place of Business:

TOLGA ADAK
1121 SE 13 AVE
DEERFEILD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

TOLGA ADAK
1121 SE 13 AVE
DEERFEILD BEACH, FL 33441

New Mailing Address:

FEI Number: 20-1248054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAK, TOLGA
1121 SE 13 AVE
DEERFEILD BEACH, FL 33441 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: MGR () Delete
Name: ADAK, TOLGA
Address: 1123 SE 13 AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: ADAK, GUNEY
Address: 7541 BRISTOL LANE
City-St-Zip: PARKLAND, FL 33067

Title: MGR () Delete
Name: YEMENICLIER, ALI
Address: 5327 PARK PLACE CIR
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADAK, TOLGA
Address: 1121 SE 13 AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

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: TOLGA ADAK

MR.

01/24/2007

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