

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054300

Entity Name: ABSOLUTE TRADING, LLC

FILED
Aug 08, 2005
Secretary of State

Current Principal Place of Business:

8140 NW 74 AVENUE
SUITE 9
MEDLEY, FL 33166

New Principal Place of Business:

Current Mailing Address:

8140 NW 74 AVENUE
SUITE 9
MEDLEY, FL 33166

New Mailing Address:

FEI Number: 34-2006207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOBIAKOV, MICHAEL
8140 NW 74 AVENUE
SUITE 9
MEDLEY, FL 33166 US

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: KOBIAKOV, MICHAEL
Address: 8140 NW 74 AVENUE, SUITE 9
City-St-Zip: MEDLEY, FL 33166

Title: MGR () Delete
Name: KOBIAKOV, NIEVES
Address: 8140 NW 74 AVENUE, SUITE 9
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: MK

PDE

08/08/2005

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