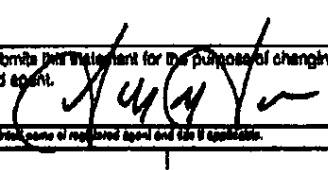
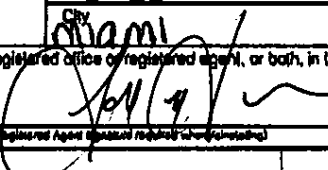
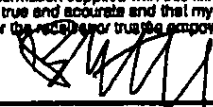


Mar. 3. 2006 3:53PM

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90038 034 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064974					
1. Entity Name SHELLS & FISH TRADING L.L.C.					
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1721428	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131				7. Name and Address of New Registered Agent Transglobal Corporate Administration LLC 520 Brickell Key Dr. #0-305 Miami, FL 33131	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE 		DATE 03/31/06	
Filing Fee to \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, ROBERT 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROJAS, MARCO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
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 118, 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 sole member trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 		NAME: Robert Craig		DATE: 03/31/06 3053743800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

20029617



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