2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # L05000012347 1. Entity Name TRI-ARTS, LLC				04-2	27-2007 90023 04	l4 ****50	0.00	
Principal Place of Business Mailing Address				_	,			
3006 AVIATION AVE. 3006 AVIATION AVE.				·				
SUITE 2A SUITE 2A COCONUT GROVE, FL 33133 COCONUT GROVE, FL 331			3 3					
COCONOT GROVE, FE 33133 COCONOT GROVE, FE 331			33					
3346			346 Hadonald Stret					
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007 Chg	-LLC CR2E0	83 (12/06)		
City & State		City & State Miami, Fl		4. FEI Number 20-2557636				
Zìp	Country	Zip 33133	Country U.S.A.	5. Certificate of Status		\$5.00 Add Fee Required		
	6. Name and Address of Current F	<u> </u>	1 . J	7 Name and Address	s of New Registered A			
	V. Name and Address of Current							
FLORIDA CORPORATE SERVICES, LLC			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	TIN AVE. SUITE 2A FGROVE, FL 33133		Sireer Address	offeet Address (P.O. Box Number is Not Acceptable)				
COCONO	1 GROVE, 1 E 33 133							
	•		City		FL	Zip Code		
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 a	nd title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE			
Filing Fee'is \$50.00 Due by May 1, 2007					Make check pa Florida Departme	-	•	
9.	MANAGING MEMBEI	RS/MANAGERS	10.	ΑΑ	DDITIONS/CHANGES			
TITLE	MGRM	Oelete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS	ALVAREZ, SANTIAGO 3006 AVIATION AVE.		STREET ADDRESS					
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP					
TITLE	MGRM	TITLE	•		☐ Change	☐ Addition		
NAME	INTERCONTINENTAL TRADE A	NAME				ļ		
STREET ADDRESS CITY-ST-ZIP	3006 AVIATION AVE. COCONUT GROVE, FL 33133		STREET ADDRESS CITY-ST-ZIP				ĺ	
TITLE	COCONOT GROVE, LE 33133	Delete	TITLE			☐ Change	Addition	
NAME		L Delete	NAME			Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME STREET ADORESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				ł	
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	of the same between the same and the same	this files done not smallfulfer the	CITY-ST-ZIP	d in Chanter 110 Florida	Statutes I further certify	that the info	rmation	
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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #								