2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029806

Name:

Address:

City-St-Zip:

ABELLO, WALTER E

DORAL, FL 33178

5791 NORTHWEST 116TH AVE., UNIT 104

Entity Name: TRADING BUSINESS GROUP, LLC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5791 NORTHWEST 116TH AVE., UNIT 104 DORAL, FL 33178 **Current Mailing Address: New Mailing Address:** 5791 NORTHWEST 116TH AVE., UNIT 104 **DORAL, FL 33178** FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ABELLO, WALTER E Name: Name: Address: 5791 NORTHWEST 116TH AVE., UNIT 104 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: NARINO, DANIEL Name: Address: 5791 NORTHWEST 116TH AVE., UNIT 104 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: () Delete Title: () Change () Addition NARINO, DANIEL Name: Name: 5791 NORTHWEST 116TH AVE., UNIT 104 Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER ABELLO MGR 05/01/2006