



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|--------------------------------|---|
| DOCUMENT # L05000040931 |  |
| 1. Entity Name ALUTRADE LLC | |

| | |
|---|---|
| Principal Place of Business 1820 N CORPORATE LAKES BLVD, SUITE # 207 WESTON, FL 33326 US | Mailing Address 1820 N CORPORATE LAKES BLVD, SUITE 207 WESTON, FL 33326 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2867601 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BERTORELLI, RAFAEL
 1820 N CORPORATE LAKES BLVD
 207
 WESTON, FL 33332

DO NOT WRITE IN THIS SPACE

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  01-17-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

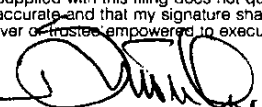
U00000596532
01/23/07-80083-003 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TILLERO, RAFAEL 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BERTORELLI, JESUS R 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VILLAMIZAR, CARLOS 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Rafael Bertorelli 01/17/07 246-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #