2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 05, 2008 8:00 am Secretary of State **DOCUMENT # L05000042281** 05-05-2008 90026 015 ***277.50 MEDICAL INTERNATIONAL TRADING, LLC Principal Place of Business Mailing Address 1744 ASPEN LANE 1744 ASPEN LANE 00030334 WESTON, FL 33327 WESTON, FL 33327 CR2E083 (12/07) 04142008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1724117 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YESPICA, EDUARDO DO NOT WRITE 1744 ASPEN LANE WESTON, FL 33377 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. Signature, typed of printed its of pastered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) File NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE YESPICA, EDUARDO NAME 1744 ASPEN LANE STREET ADDRESS CITY-ST-ZIP **WESTON, FL 33327** TITLE NAME YESPICA, EDUARDO STREET ADDRESS 1744 ASPEN LANE WESTON, FL 33327 CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MASAF STREET ADDRESS CITY-ST-ZIP

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:

FILED