

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043353

FILED
Apr 03, 2008
Secretary of State

Entity Name: ALEXANDRA ROSSI TRADING, LLC

Current Principal Place of Business:

7975 NW 56 ST
MIAMI, FL 33166

New Principal Place of Business:

545 WARREN LANE
KEY BISCAYNE, FL 33149

Current Mailing Address:

7975 NW 56 ST
MIAMI, FL 33166

New Mailing Address:

545 WARREN LANE
KEY BISCAYNE, FL 33149

FEI Number: 16-1723542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLDAN, ALEJANDRO
640 WARREN LN
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ROLDAN, TOMAS
545 WARREN LANE
KEY BISCAYNE, FL 33149 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: TOMAS ROLDAN

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSSI, ALEXANDRA
Address: 640 WARREN LANE.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: ROLDAN, ALEJANDRO
Address: 7975 NW 56 ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSSI, ALEXANDRA
Address: 545 WARREN LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: DE ROSSI, BLANCA A
Address: 545 WARREN LANE
City-St-Zip: MIAMI, FL 33149

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ALEXANDRA ROSSI

MGRM

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date