

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053258

Entity Name: UNIVERSAL TRADING GROUP, LLC

FILED
Feb 26, 2008
Secretary of State

Current Principal Place of Business:

1672 NE 205 TERRACE
MIAMI, FL 33179 US

New Principal Place of Business:

3690 NE 195 LN
AVENTURA, FL 33180 US

Current Mailing Address:

1672 NE 205 TERRACE
MIAMI, FL 33179 US

New Mailing Address:

2660 NE 51 COURT
MIAMI, FL 33064 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTOR, CHARLES
1672 NE 205 TERRACE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

KANTOR, CHARLES
3690 NE 195 LN
AVENTURA, FL 33180 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: GREG KANTOR

02/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UPSCALE WHOLESale IN, TERNATIONAL, L L C
Address: 1672 NE 205 TERRACE
City-St-Zip: MIAMI, FL 33179 US

Title: MGRM () Delete
Name: INTERNATIONAL MARKET, ING SOLUTIONS, INC.
Address: 1350 BROADWAY
City-St-Zip: NEW YORK, NY 10018 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UPSCALE WHOLESale IN, TERNATIONAL, L L C
Address: 3690 NE 195 LN
City-St-Zip: AVENTURA, FL 33180 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG KANTOR

VP

02/26/2008

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