

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063388

FILED
Sep 05, 2007
Secretary of State

Entity Name: INTERNATIONAL BUSINESS CONSULTANTS & TRADERS, LLC

Current Principal Place of Business:

1352 SEAGRAPE CIRCLE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1352 SEAGRAPE CIRCLE
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

PENA, RAYMOND
1352 SEAGRAPE CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: PENA, RAYMOND
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: SANTOS, DORA M
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: PENA, JUAN A
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: PENA, PATRICIA J
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENA, RAYMOND
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

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

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

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

Title: MGR () Change (X) Addition
Name: PENA, SIRAHAYDEE I
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGR () Change (X) Addition
Name: PENA, LARISSA K
Address: 1352 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

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: RAYMOND PENA

MGR

09/05/2007

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