2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072432

1. Entity Name

TRUST & KOMPANY INTERNATIONAL, LLC



Principa	l Place of	f Business
----------	------------	------------

450 ALTON ROAD

1801

MIAMI, FL 33139

Mailing Address

450 ALTON ROAD

1801

MIAMI, FL 33139

FILED Sep 09, 2008 08:00 AM Secretary of State



09032008 No Chg-LLC

CR2E083 (12/07)

	20 0200020		 	\$5.0	_	Additional
	20-3200029				_	Not Applicable
4.	FEI Number		-			Applied For

Certificate of Status Desired

Fee Required

DO NOT WRITE IN THIS SPACE

I	-	И		10.3	N	1		Ľ	M	V	F	21	7	7 5	Ξ,	٠	ı	J,		П	7	IS		S	P	Δ	C	F	ï
	٠,		·	44.	P.		◡.	■ } ₆ ()		1	B),	٧I.	: 1	١,,	<u> </u>	1		T	٠, ١	ı jı	18 T	\sim	۰,	v	, ≣ ;g∤	ņ	·	', Kuw	,
14	٠,			1 121			100	** 200	.మ			** 2	`.t		٠.,	٠,			· .		41.5	3414	٠		, '' '	· i	42	.:: 'Y'	

6. Name and Address of Current Registered Agent

d or printed name of registered agent and title if applicable

ANANSKIKH, IGOR 450 ALTON ROAD 1801

MIAMI BEACH, FL 33139

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. ! am familiar with, and accept the obligations of registered agent.

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IGOR, ANANSKIKH 11900 BISCAYNE BLVD. #509 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	
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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR BUILDED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

786-279-0000

Daytime Phone #