

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079971

Entity Name: INFOTRADIX LLC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

1018 SE 10 CT
DEERFIELD BEACH, FL 33432 BR

New Principal Place of Business:

45 HOLLOW RD
SKILLMAN, NJ 08558 US

Current Mailing Address:

1018 SE 10TH CT
DEERFIELD BEACH, FL 33441 BR

New Mailing Address:

45 HOLLOW RD
SKILLMAN, NJ 08558 US

FEI Number: 20-3334883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASCHKE, MICHAEL S
1018 SE 10TH CT
DEERFIELD BEACH, FL FL US

Name and Address of New Registered Agent:

STUART, BLOOM
16375 NE 18TH AVE.
SUITE 330
NORTH MIAMI BEACH, FL 33162 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: STUART BLOOM

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JASCHKE, MICHAEL S
Address: 1018 SE 10TH CT
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JASCHKE, MICHAEL S
Address: 45 HOLLOW RD
City-St-Zip: SKILLMAN, NJ 08558 US

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: MICHAEL JASCHKE

CEO

04/19/2009

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