2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# L05000079971

Entity Name: INFOTRADIX LLC

Current Principal Place of Business:

45 HOLLOW RD
SKILLMAN, NJ 08558 US

New Principal Place of Business:

Current Mailing Address:

45 HOLLOW RD
SKILLMAN, NJ 08558 US

New Mailing Address:

FEI Number: 20-3334883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUART, BLOOM
16375 NE 18TH AVE.
SUITE 330
NORTH MIAMI BEACH, FL 33162 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
Name: JASCHKE, MICHAEL S
Address: 45 HOLLOW RD
City-St-Zip: SKILLMAN, NJ 08558 US

I hereby 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 Statues.

SIGNATURE: MICHAEL JASCHKE MGRM 03/28/2011

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