


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000088580</b> 1. Entity Name <b>EUROTRADE CAPITAL LLC</b>					
Principal Place of Business <b>617 NORTH 21ST AVENUE HOLLYWOOD, FL 33020</b>			Mailing Address <b>2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3444083</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ARGUETTY ASSET MANAGEMENT, INC. 617 N 21ST AVENUE HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>ISAAC ARGUETTY</u> <b>4/5/07</b> <b>954-929-5803</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

07 MAY 14 PM 1:15

FLORIDA STATE  
TALLAHASSEE, FLORIDA

02282007 Chg-LLC CR2E083 (12/06)

 4. FEI Number  
 20-3444083

 Applied For  
 Not Applicable

 5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

 POLANSKY, MITCHELL S ESQ  
 2665 SOUTH BAYSHORE DRIVE STE 703  
 MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**
**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ARGUETTY ASSET MANAGEMENT, INC.  
617 N 21ST AVENUE  
HOLLYWOOD, FL 33020**
☐ Delete
 TITLE  
NAME  
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CITY-ST-ZIP  
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## 10. ADDITIONS/CHANGES

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SIGNATURE:

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

Date

Daytime Phone #