FILED
May 31, 2007 8:00 am
Secretary of State

04-19-2007 90027 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106210

1. Entity Name
SCHESSO TRADING LLC

Principal Place of Business	Mailing Address (changed)
10007 N.W. 52ND TERRACE DORAL, FL 33178	~~IMCSAP 187~~ ~~PO BOX 523900~~ ~~MIAMI, FL 33152~~

Don't need this dash in PO Box#

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	SAP17Q286N
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 02-5229
City & State	City & State Miami Florida
Zip / Country	Zip 33102 / Country USA.

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3728194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHESSO, GREG 10007 N.W. 52ND TERRACE DORAL, FL 33178	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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.

SIGNATURE [signature] 5-23-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHESSO, GREG 10007 N.W. 52ND TERRACE DORAL, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 5-23-2007 503-419-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #