

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90031 042 ***138.75

DOCUMENT # L05000107973 1. Entity Name TRADING LEADER, LLC			
Principal Place of Business 18851 NE 29TH AVENUE STE 900 AVENTURA, FL 33180 US		Mailing Address 18851 NE 29TH AVENUE STE 900 AVENTURA, FL 33180 US	
2. Principal Place of Business - No P.O. Box # 14049 SW 49 ST.		3. Mailing Address 14049 SW 49 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33027	Country	Zip 33027	Country
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04052008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LONDAETA, LUIS 8300 NW 53 STREET STE 350 MIAMI, FL 33166		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCAN, YOANNA 8300 NW 53 STREET, SUITE 350 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDAETA, LUIS 8300 NW 53 STREET, SUITE 350 MIAMI, FL 33166 ☐ 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:		04/25/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	