

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116922

Entity Name: GLOBAL TRADE, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

4358 PLATT ST.
NORTH PORT, FL 34286

New Principal Place of Business:

265 HOFFER ST.
PORT CHARLOTTE, FL 33953

Current Mailing Address:

4358 PLATT ST.
NORTH PORT, FL 34286

New Mailing Address:

265 HOFFER ST.
PORT CHARLOTTE, FL 33953

FEI Number: 20-3907344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZALUZHNY, OLEG MGRM
4358 PLATT ST
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

ZALUZHNY, OLEG MGRM
265 HOFFER ST.
PORT CHARLOTTE, FL 33953 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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZALUZHNY, VICTOR
Address: 4358 PLATT ST.
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: ZALUZHNY, OLEG
Address: 4358 PLATT ST
City-St-Zip: NORTH PORT,, FL 34286

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZALUZHNY, VICTOR
Address: 265 HOFFER ST
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGRM (X) Change () Addition
Name: ZALUZHNY, OLEG
Address: 265 HOFFER ST.
City-St-Zip: PORT CHARLOTTE, FL 33953

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: OLEG ZALUZHNY

MGRM

04/22/2008

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