

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009926

Entity Name: INFINITI TRADING LLC

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

4993 BACOPA LN S #405
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

6514 CENTRAL AVE
SAINT PETERSBURG, FL 33707 US

Current Mailing Address:

4993 BACOPA LN S #405
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 20-4192839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONDO, EDWIN T
4993 BACOPA LN S #405
SAINT PETERSBURG, FL 33715 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: MGR () Delete
Name: BRONDO, EDWIN T
Address: 4993 BACOPA LN S #405
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: MM () Delete
Name: BRONDO, EDWIN T JR
Address: 21 NORFOLK ST
City-St-Zip: ALBANY, NY 12203 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MM () Change (X) Addition
Name: MCINTYRE, GABRIEL M
Address: 100 4TH AVE S APT 115
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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: EDWIN T BRONDO

MGR

04/20/2008

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