

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90205 019 ****50.00

DOCUMENT # L06000108852

1. Entity Name
SERVICE INTERNATIONAL TRADE, LLC



Principal Place of Business 9401 FOUNTAINEBLEAU BLVD., #106 MIAMI, FL 33172	Mailing Address 9401 FOUNTAINEBLEAU BLVD., #106 MIAMI, FL 33172
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60004306



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0878 222	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

TERAN, ROXANA
181 N.W. 97 AVE., APT. 515
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name TERAN ROXANA	
Street Address (P.O. Box Number is Not Acceptable) 5731 NW 114 PATH	
Apartment # APARTMENT # 112	
City MIAMI	Zip Code FL 33178

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 _____

**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	Delete	TITLE	Change	Addition
MGRM	MARTINEZ, CHRISTIAN O	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	9401 FOUNTAINEBLEAU BLVD., #106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ **2/12/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #