## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 06, 2008 8:00 am Secretary of State **DOCUMENT #L06000112116** 02-06-2008 90122 021 \*\*\*138.75 1. Entity Name TITAN FOREX, LLC 60006256 Principal Place of Business Mailing Address 19390 COLLINS AVE 19390 COLLINS AVE #804 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-8522185 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMBETTA, TONY MGRM Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AV 804 SUNNY ISLES, FL 33160 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, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change MGRM ☐ Addition TITLE TITLE ☐ Detete GAMBETTA, TONY NAME NAME STREET ADDRESS 19390 COLLINS AVE #804 STREET ADDRESS SUNNY ISLES, FL 33160 CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

TON GAMBETTA SIGNATURE:

27/08