

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121516

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN INTERNATIONAL TRADES, LLC.

**Current Principal Place of Business:**

5208 NE 6TH AVENUE  
UNIT: 1-A  
FORT LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

5208 NE 6TH AVENUE  
UNIT: 1-A  
FORT LAUDERDALE, FL 33334 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOSNYAK, SUSAN R  
5208 NE 6TH AVENUE  
UNIT: 1-A  
FORT LAUDERDALE, FL 33334 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  
Name: MENGULOGLU, AYDIN  
Address: 5208 NE 6TH AVENUE, UNIT: 1-A  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGR  
Name: MENGULOGUL, BURCIN  
Address: 5208 NE 6TH AVENUE, UNIT: 1-A  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGRM  
Name: BOSNYAK, SUSAN R  
Address: 5208 NE 6TH AVENUE, UNIT: 1-A  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGRM  
Name: MENGULOGUL, ERSOY  
Address: 5208 NE 6TH AVENUE, UNIT: 1-A  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

I hereby 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: AYDIN MENGULOGLU

MGR

04/30/2011

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