

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040035

Entity Name: AVEX TRADING, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1923 NE 20 TERRACE
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

1923 NE 20 TERRACE
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 20-8898021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANAL, VICENTE E
4630 S. KIRKMAN RD
735
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

RINCON, JHON A MR.
1923 NE 20TH TERRACE
CAPE CORAL, FL 33909 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: MR. JHON RINCON

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RINCON, JHON A
Address: 1923 NE 20 TERRACE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGR () Delete
Name: CANAL, VICENTE E
Address: 4630 S. KIRKMAN RD # 735
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RINCON, JHON A MR.
Address: 1923 NE 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGR (X) Change () Addition
Name: MONTOYA-RINCON, LINA M MRS.
Address: 1923 NE 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909 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: JHON RINCON

MR.

04/21/2008

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