2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # L07000078925 1. Entity Name 04-24-2008 90021 011 ***138.75 MAEŠA TRADING LLC Principal Place of Business Mailing Address 701 BRICKELL AVE CALLE AQUIKINO DE LA GUARDIA NO 8 OTMUNUCTO IGRA BUILDING, 2ND FLOOR STE 3000 PANAMA, REPUBLIC OF PANAMA, XX MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code FL 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition RUIZ, EZEQUIEL NAME NAME CALLE AQUIKINO DE LA GUARDIA NO 8-2 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA, CITY-ST-ZIP TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition 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.

Ezequiel Ruiz

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 22, 2008

Date

Daytime Phone #

FILED