FROM :RODRIGUEZ-GOMEZ-ESQ FAX NO. :305 5511687

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May 22, 2008 8:00 am
Secretary of State
05-22-2008 90512 013 ***163.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000113735

1. Entity Name
TDI FINANCIAL EXCHANGE, LLC

60043738

Principal Place of Business
12952 SW 133 COURT, SUITE A
MIAMI, FL 33186

Mailing Address
13727 SW 152ND STREET
#349
MIAMI, FL 33177

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

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

04272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3971325 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHREE LAW
142A BEACOM BLVD.
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name JOSE M. RODRIGUEZ-GOMEZ
Street Address (P.O. Box Number is Not Acceptable) 10833 NW 7th
Apt. 23
City Miami, FL Zip Code 33172

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 ____________ 4/28/08
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YATES, GLORIA B 13727 SW 152ND STREET, #349 MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CAMINO, ALEXIS J 10421 SW 157 PLACE SUITE 201 MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gloria B Yates 4/28/08 786-999-8367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #