

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030287

FILED
Jul 29, 2009
Secretary of State

Entity Name: HOME TRADE INTERNATIONAL, LLC

Current Principal Place of Business:

2101 BRICKELL AVENUE
APT. 2911
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

2101 BRICKELL AVENUE
APT. 2911
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 26-2318493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, JULISSA
2101 BRICKELL AVENUE
APT. 2911
MIAMI, FL 33129 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: MGRM () Delete
Name: DOMINGUEZ FERNANDEZ, JULISSA MARIA
Address: 2101 BRICKELL AVENUE, APT. 2911
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: RIVERA FERNANDEZ, HECTOR F
Address: C/O 2101 BRICKELL AVENUE, APT. 2911
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOMINGUEZ FERNANDEZ, JULISSA MARIA
Address: 1050 BRICKELL AVENUE, APT. 2910
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change () Addition
Name: RIVERA FERNANDEZ, HECTOR F
Address: C/O 1050 BRICKELL AVENUE, APT. 2910
City-St-Zip: MIAMI, FL 33131 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: HECTOR RIVERA

MR

07/29/2009

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