2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000034351

Entity Name: LINK TRADE GROUP LLC

Current Principal Place of Business:

440 SANTANDER AVE., #7
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

440 SANTANDER AVE., #7
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 29-1394837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSPINA, JAVIER A
440 SANTANDER AVE., #7
CORAL GABLES, FL 33134 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 ( ) Delete
Name: OSPINA, CRISTOBAL
Address: 440 SANTANDER AVE., #7
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: LINK TRADE GROUP SA
Address: CR 14 NO. 93A-69
City-St-Zip: BOGOTA D.C., COLOMBIA,

Title: MGRM ( ) Delete
Name: OSPINA, JAVIER
Address: 440 SANTANDER AVE., #7
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: OSPINA, JAVIER A
Address: 440 SANTANDER AVE., #7
City-St-Zip: CORAL GABLES, FL 33134

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: JAVIER A. OSPINA MGRM 04/30/2009

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