

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068735

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** LUNA TRADES & INVESTMENTS, LLC

**Current Principal Place of Business:**

15025 NW 77 AVE  
STE: 121  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

3625 N. COUNTRY CLUB DR.  
STE: 2506  
AVENTURA, FL 33180

**Current Mailing Address:**

15025 NW 77 AVE  
STE: 121  
MIAMI LAKES, FL 33014

**New Mailing Address:**

3625 N. COUNTRY CLUB DR.  
STE: 2506  
AVENTURA, FL 33180

**FEI Number:** 26-3011894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBALCABA, CARMELA G  
15025 NW 77 AVE  
STE: 121  
MIAMI LAKES, FL 33014 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:** RUBALCABA, CARMELA G  
**Address:** 15025 NW 77 AVE. STE: 121  
**City-St-Zip:** MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RUBALCABA, CARMELA G  
**Address:** 3625 N. COUNTRY CLUB DR  
**City-St-Zip:** AVENTURA, FL 33180

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:** CARMELA G. RUBALCABA

MGRM

02/25/2009

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