

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096504

FILED
Feb 17, 2009
Secretary of State

Entity Name: INTERTRADE ENTERPRISES LLC

Current Principal Place of Business:

5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: SIEGERT, ERNST J
Address: CALLE LA RESBALA, 21
City-St-Zip: LA VICTORIA, TENERIFE 38380, XX

Title: MGRM () Delete
Name: SIEGERT, JULIA
Address: CALLE LA RESBALA, 21
City-St-Zip: LA VICTORIA, TENERIFE 38380, XX

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIEGERT, ERNST J
Address: LA CASITA, BOCA DEL RIO DR. SAN PEDRO TOWN
City-St-Zip: AMBERGRIS CAYE, XX BELIZE XX

Title: MGRM (X) Change () Addition
Name: SIEGERT, JULIA
Address: LA CASITA, BOCA DEL RIO DR. SAN PEDRO TOWN
City-St-Zip: AMBERGRIS CAYE, XX BELIZE XX

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: ERNST SIEGERT

MGRM

02/17/2009

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