

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102301

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: I & Z TRADE ENTERPRISES LLC

**Current Principal Place of Business:**

9312 NW 13TH ST, BAY 7  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9312 NW 13TH ST, BAY 7  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 26-3635824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

INCEKARA, ZAFER  
1000 WEST MCNAB ROAD  
SUITE 159  
POMPANO BEACH, FL 33069 US

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

INCEKARA, ZAFER  
9312 N.W. 13TH. ST. BAY 7  
DORAL, FL 33172 US

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: INCEKARA ZAFER

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OZEV, IHSAN  
Address: 1000 WEST MCNAB ROAD SUITE 159  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: INCEKARA, ZAFER  
Address: 354 KINGSLAND AVENUE 1 FL  
City-St-Zip: LYNDHURST, NJ 07071

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OZEV, IHSAN  
Address: 9312 N.W. 13TH. ST. BAY 7  
City-St-Zip: DORAL, FL 33172

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

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: IHSAN OZEV

MGRM

04/24/2009

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