# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 15, 2011**
**Secretary of State**

DOCUMENT# L09000072347

**Entity Name:** CORPTRADE, LLC

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD
SUITE 306
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

814 PONCE DE LEON BLVD
SUITE 306
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number: 27-0631854** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CUEVAS, ORTIZ & CUBAS, P.A.
7480 SW 40TH STREET
SUITE 600
MIAMI, FL 33155 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
Name: SCOVINO, CARLOS
Address: 814 PONCE DE LEON BLVD, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: MACUARE, SABRINA B
Address: 814 PONCE DE LEON BLVD, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

Title: PS
Name: SCOVINO, CARLOS
Address: 814 PONCE DE LEON BLVD, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

Title: VT
Name: MACUARE, SABRINA B
Address: 814 PONCE DE LEON BLVD, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 Statues.

SIGNATURE: CARLOS SCOVINO PT 02/15/2011

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