

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117025

Entity Name: DHARMA TRADE, LLC

FILED
Jan 25, 2011
Secretary of State

Current Principal Place of Business:

1321 FLAMINGO WAY
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN ROAD SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

1321 FLAMINGO WAY
MIAMI BEACH, FL 33139

FEI Number: 80-0517286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, EUGENE J
1111 LINCOLN ROAD SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MAHARAJ, DHARAM J
1321 FLAMINGO WAY
MIAMI BEACH, FL 33139 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: DHARAM MAHARAJ

01/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MAHARAJ, DHARAM
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MAHARAJ, MUNESHWAR
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MAHARAJ-KANHAI, LATA
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MAHARAJ, VIDYA
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MAHARAJ, ROHINI
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MAHARAJ, GANGADAI
Address: 1321 FLAMINGO WAY
City-St-Zip: MIAMI BEACH, FL 33139

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 Statutes.

SIGNATURE: DHARAM MAHARAJ

CEO

01/25/2011

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