


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
APR 19 2005 08:00 AM
SECRETARY OF STATE
FLA FEB 03 2005

DOCUMENT # L94000000638

1. Entity Name
INTRADADE, L.C.



Principal Place of Business 11900 W. DIXIE HWY. MIAMI, FL 33161	Mailing Address 11900 W. DIXIE HWY. MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



01282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0580454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IRIBAR, MANUEL
11900 W. DIXIE HWY.
MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM IRIBAR, MANUEL 11900W. DIXIE HIGHWAY MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JORGE IRIBAR/CUSTODIAN FOR ALEX M. IRIBAR 11900 W. DIXIE HIGHWAY MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/05-80063-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* 2/7/05 (954)926-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #