## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # L9400000638** 04-24-2006 90048 048 \*\*\*\*50.00 1. Entity Name INTRADADE, L.C. Principal Place of Business Mailing Address 11900 W. DIXIE HWY. 11900 W. DIXIE HWY. MIAMI, FL 33161 MIAMI, FL 33161 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0580454 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRIBAR, MANUEL DO NOT WRITE 11900 W. DIXIE HWY. MIAMI, FL 33161 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and the if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MEM DRF IRIBAR, MANUEL STREET ADDRESS 11900W. DIXIE HIGHWAY CITY-ST-ZIP MIAMI, FL 33161 MEM TITLE JORGE IRIBAR/CUSTODIAN FOR ALEX M. IRIBAR NAME 11900 W. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CCTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of the receive or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**