


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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| DOCUMENT # L94000000638 |  |
| 1. Entity Name INTRADADE, L.C. | |

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|--|--|
| Principal Place of Business 11900 W. DIXIE HWY. MIAMI, FL 33161 | Mailing Address 11900 W. DIXIE HWY. MIAMI, FL 33161 |
|--|--|

DO NOT WRITE IN THIS SPACE



04072008No Chg-LLC CR2E083 (12/07)

| | |
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| 4. FEI Number 65-0580454 | Applied For <input type="checkbox"/> 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

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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** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910955
05/07/08-80020-008 138.75

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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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Manuel Iribar **4/17/08 (954) 926-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #