

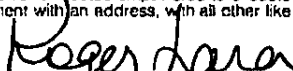


FILED
Jun 23, 2008 8:00 am
Secretary of State
05-22-2008 90013 001 ***150.00

DOCUMENT # P07000094694				Secretary of State	
1. Entity Name RL TRADE SERVICES, INC.		05-22-2008 90013 001 ***150.00			
Principal Place of Business 10130 SW 37 TER MIAMI FL 33165		Mailing Address 10130 SW 37 TER MIAMI FL 33165			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 26-0771966 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LARA, ROGER 10130 SW 37 TER MIAMI FL 33165				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARA, ROGER		NAME		
STREET ADDRESS	10130 SW 37 TER		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARA, ROGER		NAME		
STREET ADDRESS	10130 SW 37 TER		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-24-08 305-6098717		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day, no Phone #		