

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007714

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** OXFORD TRADE FINANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

7220 SW 107 TERRACE  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7220 SW 107 TERRACE  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 01-0769726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUFFRONT, CARLOS A  
200 S. BISCAYNE BLVD., 43RD FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

SOUFFRONT, CARLOS A  
7220 SW 107 TERRACE  
PINECREST, FL 33156 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: CARLOS A. SOUFFRONT

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SOUFFRONT, CARLOS A  
Address: 7220 SW 107 TERRACE  
City-St-Zip: PINECREST, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: CARLOS A. SOUFFRONT

MGRM

04/30/2004

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