



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000040931	
1. Entity Name ALUTRADE LLC	

Principal Place of Business 1820 N CORPORATE LAKES BLVD, SUITE # 207 WESTON, FL 33326 US	Mailing Address 1820 N CORPORATE LAKES BLVD, SUITE 207 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC CR2E083 (11/05)

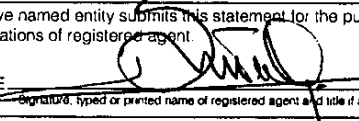
4. FEI Number 20-2867601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTORELLI, RAFAEL
 1820 N CORPORATE LAKES BLVD
 207
 WESTON, FL 33332

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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  01-17-07

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, 2007

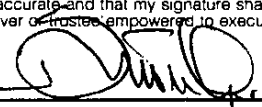
U00000596532
01/23/07-80083-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLERO, RAFAEL 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTORELLI, JESUS R 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLAMIZAR, CARLOS 1820 N CORPORATE LAKES BOULEVARD, STE 207 WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  Rafael Bertorelli 01/17/07 246-9445

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