


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000046691 1. Entity Name TROPICAL WIND CARGO INTERNATIONAL, LLC	
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Principal Place of Business 8305 NW 27 ST MIAMI, FL 33122	Mailing Address 8305 NW 27 ST MIAMI, FL 33122
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03032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0714115	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

RUIZ, FERNANDO
8305 NW 27 ST
MIAMI, FL 33122

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, EDUARDO L COLEGIO DON BOSCO 200 METROS OESTE 25 ZAPOTE SAN JOSE COSTA RICA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMACHO, MALLY C COLEGIO DON BOSCO 200 METROS OESTE 25 ZAPOTE SAN JOSE COSTA RICA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ, FERNANDO 8305 NW 27 ST, SUITE 103 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LI, MANUEL 9419 FONTAINEBLEAU BLV #211 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, VIVIAN 7606 CORAL BLVD. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Fernando Ruiz** **3/21/06 (305)597-0050**

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