


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90186 047 \*\*\*\*55.00

**DOCUMENT # L05000122175**

1. Entity Name  
**SUN AIR CARGO, LLC**



Principal Place of Business  
~~1740 N.W. 69TH AVE.~~  
~~MIAMI, FL 33126~~

Mailing Address  
~~1740 N.W. 69TH AVE.~~  
~~MIAMI, FL 33126~~

20007278



2. Principal Place of Business  
**2461 NW 67 AVE**  
**BLDG 700 SUITE 200**

3. Mailing Address  
**P.O. BOX 222515**

02082006 Chg-LLC CR2E083 (11/05)

City & State  
~~MIAMI, FL~~

City & State  
**MIAMI, FL**

Zip  
~~33122~~

Zip  
**33152**

Country  
~~USA~~

Country  
**USA**

4. FEI Number  
**11-3766422**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE, FL 32301-2525~~

7. Name and Address of New Registered Agent

Name  
**LUIS SOTO**

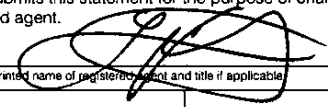
Street Address (P.O. Box Number is Not Acceptable)  
**2461 NW 67 AVE BLDG 700 SUITE 200**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33122**

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  
**2-8-06**

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

**Make check payable to**  
**Florida Department of State**

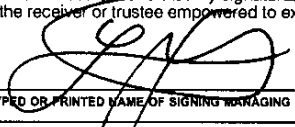
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PRESIDENT</b> <b>LUIS SOTO</b> <b>2461 NW 67 AVE BLDG 700 SUITE 200</b> <b>MIAMI, FL 33122</b>	

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:  **Luis Soto President** **2-8-06**

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