

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003348

1. Entity Name
C & C AERO TRADING MANAGEMENT INC.



Principal Place of Business
**871 WEST OAKLAND PARL BLVD
 SUITE 203
 FORT LAUDERDALE, FL 33311**

Mailing Address
**871 WEST OAKLAND PARL BLVD
 SUITE 203
 FORT LAUDERDALE, FL 33311**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **27-0042468** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMOTHE, FERNAND
 1401 DEWEY ST.
 HOLLYWOOD, FL 33020**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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03/21/06-80101-002 150.00

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **PATIN, CLAUDE**
 STREET ADDRESS **6 RUE DU 18 JUIN 1940**
 CITY-ST-ZIP **SAUVIAN, FRANCE, 33410**

TITLE **SD**
 NAME **SOAVI, CHANTAL**
 STREET ADDRESS **6 RUE DU 18 JUIN 1940**
 CITY-ST-ZIP **SAUVIAN, FRANCE, 33410**

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12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Patin Manager

Date

Daytime Phone #

02/03/06