


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000003348
 1. Entity Name
C & C AERO TRADING MANAGEMENT INC.



Principal Place of Business 2455 E. SUNRISE BLVD SUITE 1102 FORT LAUDERDALE, FL 33304	Mailing Address 2455 E. SUNRISE BLVD SUITE 1102 FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0042468	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VIVIES, PATRICK
 700 E DANIA BEACH BLVD
 SUITE 202
 DANIA, FL 33004**

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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:  **VALERIE DEVOVE** **04/28/08** **954 536 9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #