2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04-14-2004 90283 019 ****50.00
04 JUN 22 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL
24041332

DOCUMENT # L03000002856

1. Entity Name
AVIATION AND ENGINE SUPPORT LLC

Principal Place of Business	Mailing Address
1732 SOUTH CONGRESS AVENUE #294 PALM SPRINGS, FL 33461-2140	1732 SOUTH CONGRESS AVENUE #294 PALM SPRINGS, FL 33461-2140

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1673631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, BRANDI
1732 SOUTH CONGRESS AVENUE #294
PALM SPRINGS, FL 33461-2140

7. Name and Address of New Registered Agent

Name: ALICIA CAPELLARO
Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82nd Ave
Suite 109
City: MIAMI FL FL Zip Code: 33166

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 accep 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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	☐ Delete
NAME	GUSTAVO MARTINEZ	
STREET ADDRESS	5962 Las Colines Circle	
CITY-ST-ZIP	Lake Worth FL 33463	
TITLE	MANAGER	☐ Delete
NAME	EDUARDO GARRIDO	
STREET ADDRESS	3567 NW 82 Ave	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: EDUARDO T. GARRIDO 4/8/04 3055009007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #