2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# L02000021178

Entity Name: FLORIDA AIR SERVICES, LLC

Current Principal Place of Business:

13395 SW 131ST STREET
MIAMI, FL 33186

New Principal Place of Business:

3890 NW 132 ST BAY K
OPA LOCKA, FL 33054

Current Mailing Address:

13395 SW 131ST STREET
MIAMI, FL 33186

New Mailing Address:

3890 NW 132 ST BAY K
OPA LOCKA, FL 33054

FEI Number: 76-0709651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIVARASA, SIVANATHAN
13395 S.W. 131 ST.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MARTONE, ALEXANDER L
MIZNER PLAZA
30 S.E. 7TH ST. SUITE B
BOCA RATON, FL 33432 US

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.

SIGNATURE: ALEXANDER MARTONE 05/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SIVARASA, SIVANATHAN
Address: 13395 SW 131ST STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SIVARASA, SIVANATHAN
Address: 3890 NW 132 ST BAY K
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SIVARASA SIVANATHAN MGRM 05/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date