2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019635

Entity Name: MIAMI JET PROFESSIONALS, L.L.C.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173

FEI Number: 65-1156975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173 US

MANAGING MEMBERS/MANAGERS:

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:

Electronic Signature of Registered Agent Date

Electronic elginatare of registere

ADDITIONS/CHANGES:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 MAS, IRMA
 Name:
 MAS, IRMA

 Address:
 815 NW 57 AVE #202
 Address:
 800 DOUGLAS ROAD

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33134

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MAS, JORGE Name: MAS, JORGE

 Address:
 815 NW 57 AVE 202
 Address:
 800 DOUGLAS ROAD

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33134

Title: P () Delete Title: P (X) Change () Addition Name: MEDINA, RAUL Name: MEDINA, RAUL

Address: 815 NW 57 AVE 202 Address: 800 DOUGLAS ROAD City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33134

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 CANALES, CRISTINA
 Name:
 CANALES, CRISTINA

 Address:
 815 NW 57 AVE 202
 Address:
 800 DOUGLAS ROAD

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JORGE MAS MGRM 03/24/2009