2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# L01000020805

Entity Name: GLOBAL FLIGHT SERVICES, LLC

Current Principal Place of Business:

4600 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4600 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 02-0535862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEFFMAN, TAMRA
4600 ROYAL PALM AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	NEMSER, BENJAMIN	
Address:	12240 NE 14TH AVENUE	
City-St-Zip:	NORTH MIAMI, FL 33161 US	
Title:	MGRM	( ) Delete
Name:	NEMSER, JOSHUA	
Address:	12240 NE 14TH AVENUE	
City-St-Zip:	NORTH MIAMI, FL 33161	
Title:	MGRM	( ) Delete
Name:	SHEFFMAN, TAMRA	
Address:	4600 ROYAL PALM AVE.	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	BLASI, PATRICIA	
Address:	3800 NE 209TH TERRACE	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	BORTOLIN, SONIA	
Address:	2025 NE 164TH STREET #409	
City-St-Zip:	NORTH MIAMI BEACH, FL 33160	
Title:	MGRM	( ) Delete
Name:	OLIN, DAVID	
Address:	2301 COLLINS AVE. #411	
City-St-Zip:	MIAMI BEACH, FL 33139	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMRA SHEFFMAN MGRM 03/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date