


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010207</b> 1. Entity Name <b>BLACK HAWK AIR, LLC</b>	
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Principal Place of Business <b>3857 W 16 AVE HIALEAH FL 33012</b>	Mailing Address <b>3857 W 16 AVE HIALEAH FL 33012</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number <b>03-0458860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CAYON, MAURICE  
3857 W 16 AVE  
HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

000000620873  
02/09/07-80054-013 50.00

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	CAYON, MAURICE	
STREET ADDRESS	3857 W 16 AVE	
CITY, ST, ZIP	HIALEAH FL 33012	
TITLE	MGR	
NAME	ETESSAM, SHAHIN	
STREET ADDRESS	3857 W 16 AVE	
CITY, ST, ZIP	HIALEAH FL 33012	
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  1/31/07 305 8236721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #