


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90013 008 ***150.00

DOCUMENT # L02000022604					
1. Entity Name EXCLUSIVE AIR SERVICES, LLC					
Principal Place of Business 780 N.E. 69TH STREET STE. 1501 MIAMI, FL 33138			Mailing Address 780 N.E. 69TH STREET STE. 1501 MIAMI, FL 33138		
2. Principal Place of Business 960 N.E 74th ST Suite, Apt. #, etc.		3. Mailing Address 960 N.E 74th ST Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 01-0754513	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAMECHS, DOMINIQUE 780 NE 69TH ST MIAMI, FL 33138			7. Name and Address of New Registered Agent Name <u>NAMECHE DOMINIQUE</u> Street Address (P.O. Box Number is Not Acceptable) <u>960 N.E 74th ST</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33138</u>		
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 <u>DOMINIQUE NAMECHE</u> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPUY, DONNA 9733 WINDOR WAY FLORENCE, KY 41042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAMECHE, DOMINIQUE 780 NE 69TH ST #1501 MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEGRO, ALEXIS 6040 N WATERWITT DR MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Alexis Negro</u>				Date <u>4/13/05</u> Daytime Phone # <u>305 525 5853</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					