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Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90029 035 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

60034316

DOCUMENT # L03000001192

1. Entity Name
C & C AERO TRADING LLC

Principal Place of Business	Mailing Address
871 WEST OAKLAND PARK BLVD SUITE 203 FORT LAUDERDALE, FL 33311	871 WEST OAKLAND PARK BLVD SUITE 203 FORT LAUDERDALE, FL 33311

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2455 E SUNRISE BLVD		2455 E SUNRISE BLVD	
Suite, Apt. #, etc.: STE 1102		Suite, Apt. #, etc.: SUITE 1102	
City & State: FORT LAUDERDALE, FL		City & State: FORT LAUDERDALE, FL	
Zip: 33004	Country:	Zip: 33004	Country:

4. FEI Number: 04-3734855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
8549 NW 68TH ST.
MIAMI, FL 33311

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR C & C AERO TRADING MANAGEMENT INC. 871 WEST OAKLAND PARK BLVD- SUITE 203 FORT LAUDERDALE, FL 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2455 E SUNRISE BLVD STE 1102 FORT LAUDERDALE, FL 33304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: CLAUDE PARIS President 04 28 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #