

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002856	
1. Entity Name AVIATION AND ENGINE SUPPORT LLC	

FILED
04-14-2004 90283 019 ****50.00

04 JUN 22 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24041332

Principal Place of Business 1732 SOUTH CONGRESS AVENUE #294 PALM SPRINGS, FL 33461-2140	Mailing Address 1732 SOUTH CONGRESS AVENUE #294 PALM SPRINGS, FL 33461-2140
---	---

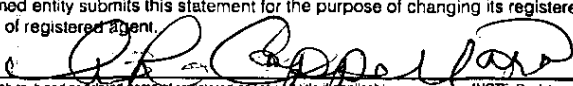


2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03222004	Chg-LLC	CR2E083 (10/03)
4. FEI Number 06-1673631	Applied For Not Applicable	
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required	

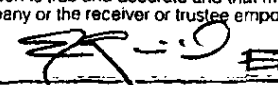
6. Name and Address of Current Registered Agent SANDERS, BRANDI 1732 SOUTH CONGRESS AVENUE #294 PALM SPRINGS, FL 33461-2140

7. Name and Address of New Registered Agent Name ALICIA CAPELLANO Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82nd Ave SUITE 109 City MIAMI FL Zip Code 33166
--

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

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GUSTAVO MARTINEZ 5962 Las Colinas Cirde Lake Worth FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER EDUARDO GARRIDO 3567 NW 82 Ave MIAMI FL 33122 ☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  EDUARDO T. GARRIDO 4/8/04 3055009007	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	