

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019038

FILED
Sep 06, 2005
Secretary of State

Entity Name: AEROTECHNICAL ALLIANCE, LLC

Current Principal Place of Business:

7520 NW 54 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 526304
MIAMI, FL 33152

New Mailing Address:

FEI Number: 04-3731689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FERNANDEZ, JORGE
7520 NW 54 STREET
MIAMI, FL 33166 US

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: AGUILERA, NOEL
Address: 1260 N.W. 57TH AVE
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: FERNANDEZ, JORGE
Address: 1260 N.W. 57TH AVE
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: MOORS, MIKE
Address: 1260 N.W. 57TH AVE
City-St-Zip: MIAMI, FL 33126

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JORGE FERNANDEZ

MGRM

09/06/2005

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