

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022705

Entity Name: AEROMEDIOS, LLC

FILED  
Apr 20, 2004  
Secretary of State

## Current Principal Place of Business:

10710 NW 66 ST, APT. 514  
MIAMI, FL 33178

## New Principal Place of Business:

4005 NW 114 AVE.  
21  
MIAMI, FL 33178

## Current Mailing Address:

10710 NW 66 ST, APT. 514  
MIAMI, FL 33178

## New Mailing Address:

4005 NW 114 AVE.  
21  
MIAMI, FL 33178

FEI Number: 42-1596742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOSE G. TOVAR DEL CORRAL  
ARIAS TOVAR & ASSOC, PA  
1725 MAIN ST, STE 209, WESTON TOWN CENTER  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete  
Name: SAAD, MORIS  
Address: 10710 NW 66 ST, APT. 514  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SAAD, MORIS  
Address: 11012 NW 72 TERR.  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Change (X) Addition  
Name: LONDONO, CARMENZA  
Address: 11012 NW 72 TERR.  
City-St-Zip: MIAMI, FL 33178

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: CARMENZA LONDONO

MGR

04/20/2004

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