


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90096 032 \*\*\*\*50.00


<b>DOCUMENT # L03000046675</b>	
1. Entity Name <b>EASY FLIGHT, L.L.C.</b>	

Principal Place of Business <b>12448 S.W. 127TH AVE. 2ND FLOOR MIAMI, FL 33186</b>	Mailing Address <b>12448 S.W. 127TH AVE. 2ND FLOOR MIAMI, FL 33186</b>
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2. Principal Place of Business <b>12444 SW 127TH Ave</b>	3. Mailing Address <b>12444 S.W. 127TH Ave.</b>
Suite, Apt. #, etc. <b>2ND FLOOR</b>	Suite, Apt. #, etc. <b>2ND FLOOR</b>

City & State <b>Miami, FLORIDA</b>	City & State <b>Miami, FLORIDA</b>
Zip <b>33186</b>	Country <b>USA</b>
Zip <b>33186</b>	Country <b>USA</b>

**20003219**



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0434794</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KUPFER, PAUL H 1700 UNIVERSITY DR, STE 110 CORAL SPRINGS, FL 33071</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> Zip Code	

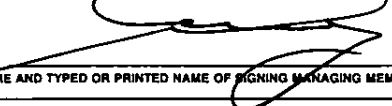
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARCIA, CARLOS M 12444 SW 127TH AVE. MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **1/13/05 (305) 251-1419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #