


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 002 ****50.00

DOCUMENT # L04000044287		
1. Entity Name TRIM AIR CHARTER SERVICES, L.L.C.		

Principal Place of Business 1100 LEE WAGENER BLVD. 338 FT. LAUDERDALE, FL 33315	Mailing Address P.O. BOX 22754 FT. LAUDERDALE, FL 33335
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20001847



2. Principal Place of Business 1100 Lee Wagener Blvd. Suite, Apt. #, etc. 327	3. Mailing Address Suite, Apt. #, etc.
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01112005 Chg-LLC CR2E083 (10/03)

City & State FT. Lauderdale FL		City & State	
Zip 33315	Country USA.	Zip	Country

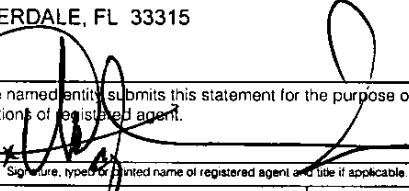
4. FEI Number 41-2140570	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW OFFICES OF MOULIS & ASSOCIATES 1100 LEE WAGENER BLVD. 338 FT. LAUDERDALE, FL 33315	
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7. Name and Address of New Registered Agent Name Law Offices of Moulis & Associates Street Address (P.O. Box Number is Not Acceptable) 1100 Lee Wagener Blvd. # 320 City FT. Lauderdale FL Zip Code 33315	
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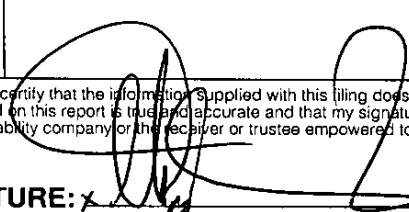
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  wayne Hazlewood 1/11/05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HAZLEWOOD, WAYNE K P.O. BOX 22754 FT. LAUDERDALE, FL 33335 <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	MGR. HAZLEWOOD, ALISON G P.O. BOX 22754 FT. LAUDERDALE, FL 33335 <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
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:  wayne Hazlewood 1/11/05 (954) 359-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #