## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # L04000062980 AIR-X SERVICES, LLC Principal Place of Business Mailing Address 5800 NORTHWEST 74TH AVE. 5800 NORTHWEST 74TH AVE. MIAMI, FL 33166 MIAMI, FL 33166 04172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0591799 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DIAZ, JUAN ESQ. DO NOT WRITE 5800 NORTHWEST 74TH AVE. MIAMI, FL 33166 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE AIR-X, LLC NAME STREET ADDRESS 5800 NORTHWEST 74TH AVE. CITY-ST-ZIP MIAMI, FL 33166 000000524143 05/03/06-80099-019 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 propowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/18/06

(305) 592-8245

FILED