

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029175

Entity Name: MISSAIR LLC

FILED
Feb 18, 2007
Secretary of State

Current Principal Place of Business:

6865 BAY DRIVE
SUITE #20
MIAMI, FL 33141

New Principal Place of Business:

7728 COLLINS AVE
SUITE #11
MIAMI, FL 33141

Current Mailing Address:

6865 BAY DRIVE
SUITE #20
MIAMI, FL 33141

New Mailing Address:

7728 COLLINS AVE
SUITE #11
MIAMI, FL 33141

FEI Number: 54-2169616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISSAIR, ANDRES
6865 BAY DRIVE
SUITE #20
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

MISSAIR, ANDRES
7728 COLLINS AVE
SUITE #11
MIAMI, FL 33141 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: ANDRES MISSAIR

02/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MISSAIR, ANDRES
Address: 6865 BAY DRIVE, APT #20
City-St-Zip: MIAMI, FL 33141

Title: MGR () Delete
Name: MISSAIR, YAMILKA
Address: 6865 BAY DRIVE, APT #20
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MISSAIR, ANDRES
Address: 7728 COLLINS AVE #11
City-St-Zip: MIAMI, FL 33141

Title: MGR (X) Change () Addition
Name: MISSAIR, YAMILKA
Address: 7728 COLLINS AVE #11
City-St-Zip: MIAMI, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANDRES MISSAIR

MGR

02/18/2007

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