
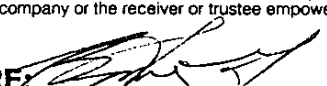


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90110 038 \*\*\*138.75

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L05000046471</b>  |   |  |   |                       |  |
| <b>1. Entity Name</b><br>JET FLIGHT CREWS INT'L, LLC  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>5600 NW 36 STREET<br>SUITE 329<br>MIAMI, FL 33126   |   |  | <b>Mailing Address</b><br>PO BOX 560339<br>MIAMI, FL 33256  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>4601 N.W. 36 st  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                   |   |  |  |
| Suite, Apt. #, etc.<br>2nd FLOOR  |   | Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>Miami FL   |   | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>04-3814249   |  |
| <b>Zip</b><br>33164   |   | <b>Country</b><br>USA  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GEORGE, HENRY R<br>13121 SW 70 AVENUE<br>PINECREST, FL 33156  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |   |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>FILE NOW!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>GEORGE, HENRY R<br>13121 SW 70 AVENUE<br>PINECREST, FL 33156 | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| <b>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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b>    |   | Henry George   |   | 4-8-08   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date   |   | Daytime Phone # 305-871-5270   |  |

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