

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111032

FILED
Aug 04, 2008
Secretary of State

Entity Name: AMERIMEX AIR CHARTERS, LLC.

Current Principal Place of Business:

4500 140TH AVENUE NORTH
SUITE #101
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

4500 140TH AVE N
STE 101
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-3805585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX DEFENSE CENTER, INC.
2350 W 84TH STREET
#18
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PABON, JOHN
Address: P.O. BOX 17705
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: MARTINEZ, MONICA
Address: 4500 140TH AVE N
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: HERRERA, CANDE
Address: 4500 140TH AVE N
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PABON, JOHN
Address: 4500 140TH AVE N
City-St-Zip: CLEARWATER, FL 33762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PABON

MGRM

08/04/2008

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