

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90115 040 ***138.75

DOCUMENT # L05000114457

1. Entity Name
AIRTRADING, LLC



Principal Place of Business Mailing Address
3750 NW 114 AVE., SUITE NR.4 **P.O. BOX 226245**
DORAL, FL 33178 **MIAMI, FL 33122**

00023635

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2135 NW 79 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03262008 Chg-LLC CR2E083 (12/06)

City & State City & State
MIAMI FL
 Zip Country Zip Country
33122 USA

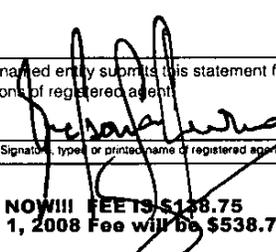
4. FEI Number Applied For
20-3864024 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, ALBERTO PABLO M
3750 NW 114 AVE., SUITE NR.4
DORAL, FL 33178

7. Name and Address of New Registered Agent -
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2135 NW 79 Ave
 City **MIAMI** FL Zip Code **33122**

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  DATE **03/22/08**

FILE NOW!!! FEES \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

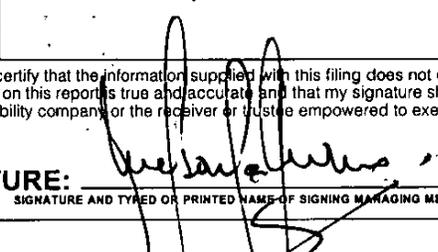
9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | LOPEZ, ALBERTO PABLO M | |
| STREET ADDRESS | SARMIENTO 2688 APT 401 | |
| CITY-ST-ZIP | MONTEVIDEO, URUGUAY, XX 000 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | BARJA, NELSON ANGEL S | |
| STREET ADDRESS | AVDA AMERICO RICARDONI 2525 APT. 103 | |
| CITY-ST-ZIP | MONTEVIDEO, URUGUAY, XX 000 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **03/22/08**