
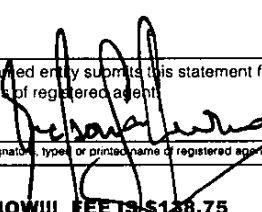
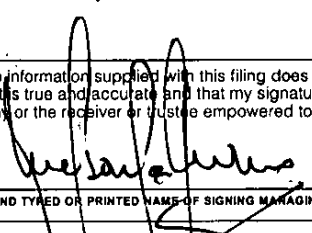


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3750 NW 114 AVE., SUITE NR.4 DORAL, FL 33178			Mailing Address P.O. BOX 226245 MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box # 2135 NW 79 Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-3864024	
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 03/28/08 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, ALBERTO PABLO M SARMIENTO 2688 APT 401 MONTEVIDEO, URUGUAY, XX 000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARJA, NELSON ANGEL S AVDA AMERICO RICALDONI 2525 APT. 103 MONTEVIDEO, URUGUAY, XX 000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 03/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

00023635



03262008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5.00 Additional
Fee Required

03/28/08