


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90025 023 \*\*\*\*50.00

**DOCUMENT #** 005000116257

1. Entity Name  
 AZUL LTD CO.



Principal Place of Business  
 635 CURTISWOOD DR  
 KEY BISCAZYNE FL 33149

Mailing Address  
 635 CURTISWOOD DR  
 KEY BISCAZYNE FL 33149



2. Principal Place of Business  
 6000 Williams Island  
 Suite, Apt. #, etc. 1107  
 City & State AVENTURA  
 Zip 33160 Country USA

3. Mailing Address  
 P.O BOX  
 Suite, Apt. #, etc. 1185  
 City & State KEY BISCAZYNE  
 Zip 33149 Country FL

1st MOORE CR2E083 (10/05)

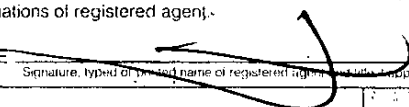
4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROMERO, CLARA  
 635 CURTISWOOD DR  
 KEY BISCAZYNE FL 33149

7. Name and Address of New Registered Agent  
 Name JOSE ABBAD  
 Street Address (P.O. Box Number is Not Acceptable)  
 6000 Williams Island #1107  
 City AVENTURA FL Zip Code 33160

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 3/1/06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMERO, CLARA 635 CURTISWOOD DR KEY BISCAZYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBAD, JOSE PO BOX 1185 KEY BISCAZYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ-DAVILA, LEON PO BOX 1185 KEY BISCAZYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 3/1/06 305 215 6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #