2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# L05000120211

Entity Name: FLITE COMPONENTS, LLC

Current Principal Place of Business:

2200 N.W. 84TH AVENUE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

2200 N.W. 84TH AVENUE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 42-1688572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE 28TH FL
MIAMI, FL 33131 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:	MRG ( ) Delete
Name:	QUEVEDO, BEN
Address:	2200 NW 84TH AVENUE
City-St-Zip:	MIAMI, FL 33122
Title:	MGR ( ) Delete
Name:	CONESE, EUGENE
Address:	2200 NW 84TH AVENUE
City-St-Zip:	MIAMI, FL 33122
Title:	MGR ( ) Delete
Name:	BROADMEADOW, EDWARD
Address:	2200 NORTHWEST 84TH AVENUE
City-St-Zip:	MIAMI, FL 33122

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: EDWARD BROADMEADOW CFO 03/30/2007

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