

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 017 ****50.00

DOCUMENT # L06000013844					
1. Entity Name EXECUTIVE FLIGHT ATTENDANT SERVICES, LLC					
Principal Place of Business MONTSE RYAN NIGRA 36347 GLENWOOD CIRCLE EUSTIS, FL 32736			Mailing Address MONTSE RYAN NIGRA 36347 GLENWOOD CIRCLE EUSTIS, FL 32736		
2. Principal Place of Business - No P.O. Box # 36347 Glenwood Cir Suite, Apt. #, etc.		3. Mailing Address 36347 Glenwood Cir Suite, Apt. #, etc.			
City & State Eustis, FL		City & State Eustis, FL		4. FEI Number 20-4739076	
Zip 32736		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTSE RYAN NIGRA 36347 GLENWOOD CIRCLE EUSTIS, FL 32736			7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTSE RYAN NIGRA 36347 GLENWOOD CIRCLE EUSTIS, FL 32736		<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"/> Change <input type="checkbox"/> Addition		
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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 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: <i>Montse Ryan Nigra</i>			Date: 4/30/07 Daytime Phone #: 777470373		