

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000038769

FILED
May 12, 2008
Secretary of State**Entity Name:** AF EXPORT EQUIPMENT, LLC**Current Principal Place of Business:**6435 MANHATTAN VILLAGE AVE
UNIT 202
ORLANDO, FL 32835 US**New Principal Place of Business:****Current Mailing Address:**6435 MANHATTAN VILLAGE AVE
UNIT 202
ORLANDO, FL 32835 US**New Mailing Address:****FEI Number:** 20-8898145**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REGISTERED AGENT CORPORATE SERVICES, INC.
806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

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: BETSY PARENTI, ASSIST. SECRETARY

05/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: FIGUEROA, GIOVAN
Address: CL 4, CR 4 RES LOMAS DEL VALLE
City-St-Zip: NUEVA SEGOVIA, BARQUISIMENTO, VE 0000 XXTitle: MGR () Delete
Name: FIGUEROA, GIOVANNY
Address: CL 4, CR 4 RES LOMAS DEL VALLE
City-St-Zip: NUEVA SEGOVIA, BARQUISIMENTO, VE 0000 XX**ADDITIONS/CHANGES:**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 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: GIOVAN FIGUEROA

MGR

05/12/2008

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