2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L07000094128

1. Entity Name
FLIGHTSTAR TRADING LLC

FILED

08 DEC -2 PM 2: 46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1001 WEST CYPRESS CREEK ROAD SUITE 410 FT. LAUDERDALE, FL 33309	1001 WEST CYPRESS CREEK ROAD SUITE 410 FT. LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11242008 Chg-LLC CR2E083 (12/06)
City & State	City & State	4. FEI Number 26-0902830 · Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORTEZ, TATIANA 10826 SW 123 PLACE MIAMI, FL 33186	Name Poindexter, John H Street Address (P.O. Box Number is Not Acceptable) 1001 W. Cypress Creek Rd Suite 410 City Fort Lauderdale FL Zip Code 33309

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 _____   11/24/2008

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Amended AR is $50.00

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, JOHN H · FT. LAUDERDALE, FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Poindexter, John H 1001 W Cypress Creek Rd, Ste 410 Fort Lauderdale, FLA 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORTEZ, TATIANA 10826 SW 123 PLACE MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138348107 12/01/08--01075--022 **55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____   by John Poindexter   11/24/2008   (954)359-5051 ext 4004

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