

**- 2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000298 1. Entity Name PAE OF FLORIDA, L.C.	
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Principal Place of Business 2103 CORAL WAY #204 MIAMI, FL 33145 US	Mailing Address 2103 CORAL WAY #204 MIAMI, FL 33145 US
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0735136	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FLEITAS, ROBERTO F 782 N.W. LEJEUNE ROAD SUITE 530 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

U000000270233
03/19/05-80043-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, CARLOS 2101 CORAL WAY MIAMI, FL 33145
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>X / Mariano / m...</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	03/16/05 305-8549400 Date Daytime Phone #
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