

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003240 1. Entity Name ABC AIR, LLC				FILED 04 MAY 25 AM 11:08 <i>yes</i> STATE TALLAHASSEE FLORIDA MJH	
Principal Place of Business 5779 N.W. 151ST STREET MIAMI LAKES, FL 33015		Mailing Address 5779 N.W. 151ST STREET MIAMI LAKES, FL 33015		 03262004 Chg-LLC CR2E083 (10/03) 5/25	
2. Principal Place of Business <i>14160 Palmetto Frontage Rd</i> Suite, Apt. #, etc. 21		3. Mailing Address <i>14160 Palmetto Frontage Rd</i> Suite, Apt. #, etc. 21			
City & State Miami Lakes, FL Zip 33016		City & State Miami Lakes, FL Zip 33016			
4. FEI Number 20-0125467		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name 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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR. 5779 N.W. 151ST STREET MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Martin Caparros 4/20					