

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019014

FILED
Aug 18, 2008
Secretary of State

Entity Name: LOGISTICS COMMODITIES INTERNATIONAL, LLC

Current Principal Place of Business:

3012 N.W. 18TH TERRACE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

3012 N.W. 18TH TERRACE
MIAMI, FL 33125

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEREZ, AXEL J
19380 N.W. 10TH STREET
PEMBROKE PINES, FL 33029 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: P () Delete
Name: PEREZ, AXEL J
Address: 19380 N.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: MOCEGA, JUAN C
Address: 19453 N.W. 87 COURT
City-St-Zip: MIAMI, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: VIDAL, MAGGIE
Address: 10405 S.W. 88 STREET, A112
City-St-Zip: MIAMI, FL 33176

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: AXEL J. PEREZ

P

08/18/2008

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