2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2004 8:00 am Secretary of State 04-08-2004 90047 002 ***150.00

54028849						
E034 (1	0/03)					
	Applied For					
	Not Applicable					
\$8.7 Fee F	5 Additional.					
d Agent						
	1					

1. Entity Name	MEN (#P01000044) OGISTICS, INC.	283			0 1 00 2 00		
Principal Place 9060 NW 8TI MIAMI, FL 33	H STREET, APT. 509	Mailing Address 9060 NW 8TH STREET, AF MIAMI, FL 33172	т. 509		د ست ۱۳۱۰ -	5402	28849
2. Principal Pl		3. Mailing Address 9060 NW 8 Suite, Apt. #, etc.	TH ST				
50	2	502		03222004	Chg-P	CR2E034 (10/03)	
City & State		City & State HIAMI F	- .	4. FEI Numbe		+-	oplied For ot Applicable
331	72 Country		Country	5. Certificate	of Status Desired	\$8.75 Add	
	6. Name and Address of Current F			7. Name and	Address of Nev	Registered Agent	
DAL BOSC	CO, SANDRO		Name A	L Busc	o SAL	JDLO	
9060 NW 8	BTH STREET, APT. 509		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL	33172		906	s MM 8	H 55	\$ 502	
			City H	IAHI		FL Zip Coo	いア
	named entity submits this statement for ions of registered agent. Sgnature, typed to seemed name of registered agent a		gistered office or re-		th, in the State of	Florida. Tarri familiar with,	_
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.FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Trust Fund Contribu	Financing ution.	\$5.00 May Be Added to Fees	CHANGES TO C	FFICERS AND DIRECTOR	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #