2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90167 001 ***150.00

DOCUMENT # P04000146343

1. Entity Name
PTC LOGISTICS, INC.

Principal Place of Business	Mailing Address
2350 EASTMAN AVENUE STE. 111 OXNARD, CA 93030	3990 WARREN WAY RENO, NV 89509

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13953 SW 66St	2350 Eastman Ave
Suite, Apt. #, etc.: 505B	Suite, Apt. #, etc.: # 111
City & State: Miami, FL	City & State: OXNARD, CA
Zip: 33143 Country: USA	Zip: 93030 Country: USA

4. FEI Number: 20-1810114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303	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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OROZCO, MIGUEL 2350 EASTMAN AVENUE, STE. 111 OXNARD, CA 93030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC OROZCO, MIGUEL 2350 EASTMAN AVENUE, STE. 111 OXNARD, CA 93030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: _____ 4/16/2005 (786)2554739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #