

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127624

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: EAGLE PORT & LOGISTICS LINE INC

**Current Principal Place of Business:**

2595 TAMPA RD  
SUITE Q  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

2595 TAMPA RD  
SUITE Q  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 20-5704599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDRES, GOMEZ  
510 HICKORYNUT AVE  
OLDSMAR, FL 34677      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GOMEZ, ANDRES  
Address: 510 HICKORYNUT AVE  
City-St-Zip: OLDSMAR, FL 34677

Title: V      ( ) Delete  
Name: ARDILA, MAURICIO  
Address: 8928 BAYAUD DR.  
City-St-Zip: TAMPA, FL 33626

Title: S      (X) Delete  
Name: HERREA, ALBA  
Address: 7021 WHITTINGTONG CT  
City-St-Zip: NEW PORT RICHIE, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES GOMEZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date