


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 037 ***150.00

DOCUMENT # P93000005640

1. Entity Name
OVERSEAS LOGISTICS CORPORATION



20027980



Principal Place of Business Mailing Address

100 SE 2ND ST 100 SE 2ND ST
 17 FLOOR 17 FLOOR
 MIAMI, FL 33131-1101 US MIAMI, FL 33131-1101 US

2. Principal Place of Business 3. Mailing Address

John H. Friedhoff, Esquire John H. Friedhoff, Esquire
 Fowler White Burnett P.A. Fowler White Burnett P.A.
 Espirito Santo Plaza - 14th Floor Espirito Santo Plaza - 14th Floor
 Fourteenth Floor Fourteenth Floor
 1395 Brickell Avenue 1395 Brickell Avenue
 Miami, Florida 33131-3302 Miami, Florida 33131-3302

01312005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0439489 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIEDHOFF, JOHN
 100 SOTHEAST 2ND STREET
 17TH FLOOR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name John H. Friedhoff, Esquire
 Street Address Fowler White Burnett P.A.
 Espirito Santo Plaza - 14th Floor
 Fourteenth Floor
 City 1395 Brickell Avenue Code
 Miami, Florida 33131-3302

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: *J.H. Friedhoff* *J.H. FRIEDHOFF* *3/14/05*
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D STANZIONE, FRANCO A 9020 NW 12TH ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST STANZIONE, FRANCO J 9020 NW 12TH ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDHOFF, JH 100 SE 2 STREET 17 FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FLORIDA 33131-3302
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
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
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

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: *Franco Stanzone* *02/15/2005* *305-6618198*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #