

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001982

FILED
Jul 13, 2009
Secretary of State

Entity Name: AMERICAN RIVER LOGISTICS, LTD., INC.

Current Principal Place of Business:

1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 11-3145116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSSIO, CARI
8190 NW 21 ST
MIAMI, FL 33122 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COSSIO, CARI
Address: 8190 NW 21 STREET
City-St-Zip: MIAMI, FL 33122

Title: MD () Delete
Name: ALGIARDI, FRANK
Address: 1229 OLD WALT WHITMAN ROAD
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANK AGLIARDI

MD

07/13/2009

Electronic Signature of Signing Officer or Director

Date