2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028383

Entity Name: 3PL OF THE AMERICAS, LLC

FILED Feb 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8501 N.W. 17TH STREET STE. 101 3401 N.W. 82ND AVENUE MIAMI, FL 33126

SUITE 106 MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

8501 N.W. 17TH STREET STE. 101 3401 N.W. 82ND AVENUE

MIAMI, FL 33126 SUITE 106 MIAMI, FL 33122

FEI Number: 52-2382572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CABRERA, VILMA L CABRERA, VILMA L 8501 N.W. 17TH STREET STE. 101 3401 N.W. 82ND AVENUE MIAMI, FL 33126 SUITE 106

MIAMI, FL 33122 US

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: 02/23/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

CABRERA, VILMA L CABRERA, VILMA L Name: Name: Address: 8501 N.W. 17TH ST Address: 3401 N.W. 82ND AVENUE City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33122

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: TERRY, JOHN B Name: TERRY, JOHN B

Address: 8501 N.W. 17TH ST Address: 3401 N.W. 82ND AVENUE City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN TERRY 02/23/2005