## 2004 LIMITED LIABILITY COMPANY

## Mar 16, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L03000017719** 03-16-2004 90171 039 \*\*\*\*50.00 LOGISTICS AND TRANSPORTATION GROUP, LLC Mailing Address Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD, STE. 324 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0068535 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL 33126 City 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 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE [] Change Delete Anabella Oronoz; c/o Nicolas Fernanclez P.A. NAME NAME 700 NW Ce Jeune Road, Suite 324 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-S1-∡TP Miani, FL 33126 TITLE De Ste MLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CiTY-CT-7IP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition NAME NAME STREET APORESS STREET ADDRESS C(TY:-S1:-7!P CAY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition ☐ Channe NAME STREET ADDRESS STREET ADDRESS

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11. 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 is true and accurate and that my 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #