

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003843

Entity Name: FORTUNE LOGISTICS, L.L.C.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

2652 NE 189 ST  
MIAMI, FL 33180

## New Principal Place of Business:

9112 NW 105 WAY  
MEDLEY, FL 33178

## Current Mailing Address:

2652 NE 189 ST  
MIAMI, FL 33180

## New Mailing Address:

9112 N W 105 WAY  
MEDLEY, FL 33178

FEI Number: 20-0594037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHU, WEI-KANG  
2652 NE 189 ST  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

CHU, WEI-KANG  
9112 NW 105 WAY  
MEDLEY, FL 33178 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: WEI KANG CHU

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CHU, WEI-KANG  
Address: 2652 NE 189 ST  
City-St-Zip: MIAMI, FL 33180

Title: MGRM ( ) Delete  
Name: CHU, WEI-LIEN  
Address: 2652 NE 189 ST  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CHU, WEI-KANG  
Address: 9112 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

Title: MGRM (X) Change ( ) Addition  
Name: CHU, WEI-LIEN  
Address: 9112 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

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: WEI KANG CHU

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date