2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2006 8:00 am
Secretary of State
04-27-2006 90024 038 ****50.00

DOCUMENT # L05000100833

1. Entity Name
HANGFUNG GLOBAL LOGISTICS, LLC

Principal Place of Business	Mailing Address
2800 NW 47TH TERRACE SUITE 409 FORT LAUDERDALE FL 33313 US	PO BOX 460366 FORT LAUDERDALE FL 33346-0366 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 71-1004980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARIAS, SUSANA 1900 S. OCEAN DRIVE #1505 FORT LAUDERDALE FL 33316	Name HAMDI EL FARGHALI Street Address (P.O. Box Number is Not Acceptable) 2800 NW 47TH TERRACE SUITE 409 City FORT LAUDERDALE FL Zip Code 33313

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EL FARGHALI, HAMDI		NAME		
STREET ADDRESS	2800 NW 47TH TERRACE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33313		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Hamdi El Farghali 4/13/06 561-308-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #