


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 040 ****50.00

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| DOCUMENT # L05000117627 | |  | |
| 1. Entity Name IOPLUS LOGISTICS LLC | | | |
| Principal Place of Business 8601 NW 72 STREET MIAMI, FL 33166 | | Mailing Address 8601 NW 72 STREET MIAMI, FL 33166 | |
| 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 20-3925491 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRANSGLOBAL ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name: <u>Transglobal Corporate Administration, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>520 Brickell Key Drive</u> Suite: <u>0-305</u> City: <u>Miami</u> FL Zip Code: <u>33131</u> | |
| 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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable | | DATE: <u>3/21/06</u> DATE | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEREZ, CARLOS 8601 NW 72 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE: <u>04/10/06</u> DAYTIME PHONE #: <u>305-3743800</u> | |