

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005279

FILED
Feb 14, 2007
Secretary of State

Entity Name: GREEN LIGHT LOGISTIC, LLC

Current Principal Place of Business:

5618 NW 104 CT
MIAMI, FL 33178

New Principal Place of Business:

8195 NW 68 ST
MIAMI, FL 33166

Current Mailing Address:

5618 NW 104 CT
MIAMI, FL 33178

New Mailing Address:

P.O. BOX 227635
MIAMI, FL 33122

FEI Number: 20-4120845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, LEONARDO
5618 NW 104 CT
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARRERO, LEONARDO
Address: 5618 NW 104 CT
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Delete
Name: PALACIOS, HUGO
Address: 5618 NW 104 CT
City-St-Zip: MIAMI, FL 33178

Title: MGR (X) Delete
Name: ALVARADO, DARIO
Address: 5618 NW 104 CT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESCALONA, EVA
Address: 5618 NW 104 CT
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEONARDO MARRERO

MGR

02/14/2007

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