2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061183

Entity Name: FORECAST LOGISTICS, LLC

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19355 TURNBERRY WAY 555 BISCAYNE BLVD. SUITE 3L MIAMI, FL 33137

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

19355 TURNBERRY WAY 555 BISCAYNE BLVD. SUITE 3L MIAMI, FL 33137 AVENTURA, FL 33180

FEI Number: 11-3782685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROJAS, MARIA V
19355 TURNBERRY WAY
555 BISCAYNE BLVD.
SUITE 3L
AVENTURA, FL 33180 US
PARRA, GABRIEL
555 BISCAYNE BLVD.
MIAMI, FL 33137 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: GABRIEL PARRA 04/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ROJAS, MARIA V
 Name:
 PARRA, GABRIEL

 Address:
 19355 TURNBERRY WAY, SUITE 3L
 Address:
 555 BISCAYNE BLVD.

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 MIAMI, FL 33137

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 IREGUI, HERNANDO
 Name:

 Address:
 19355 TURNBERRY WAY, SUITE 3L
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 ROJAS, DIANA E
 Name:

 Address:
 19355 TURNBERRY WAY, SUITE 3L
 Address:

 City-St-Zip:
 MIAMI, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GABRIEL PARRA P 04/03/2009