2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

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Entity Name: AMERICAS HUMANITARIAN RELIEF LOGISTICS TEAM, INC.

Current Principal Place of Business:

9455 COLLINS AVE., SUITE 808
MIAMI, FL 33154

New Principal Place of Business:

5465 NW 36 STREET
MIAMI, FL 33166

Current Mailing Address:

9455 COLLINS AVE., SUITE 808
MIAMI, FL 33154

New Mailing Address:

FEI Number: 20-1872982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABUN, TEO A
9455 COLLINS AVE., SUITE 808
MIAMI, FL 33154 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BABUN, TEO A JR.
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

Title: VD ( ) Delete
Name: WILLIAMS, ERIC
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

Title: VD ( ) Delete
Name: DEEDS, CLIFF
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

Title: D ( ) Delete
Name: ISRAEL, GIORA
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

Title: TD ( ) Delete
Name: THOMAS, DANIEL
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

Title: D ( ) Delete
Name: PEREZ-JONES, JOSE
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: ROVIROSA, JORGE P
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

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

Title: D (X) Change ( ) Addition
Name: GORDON, BUCK
Address: 9455 COLLINS AVE., SUITE 808
City-St-Zip: MIAMI, FL 33154

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEO A. BABUN, JR. PD 02/11/2008
Electronic Signature of Signing Officer or Director — Date