

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 021 ***150.00

DOCUMENT # P00000046474

1. Entity Name
JB LOGISTIC, INC.



Principal Place of Business
9245 S.W. 157 STREET
210
VILLAGE OF PALMETTO BAY, FL 33157 US

Mailing Address
330 GULF RD.
KEY BISCAYNE, FL 33149 US

50019506



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0711493

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JARQUE, FEDERICO
330 GULF RD.
KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	Please amend as follows:
NAME	BLANCAS, JOSE	DP
STREET ADDRESS	42530 SW 151 ST #159	Blancas, Jose
CITY-ST-ZIP	MIAMI, FL 33186	14010 SW 130 th PL
		Miami, FL 33186
TITLE	DVT	Please amend as follows:
NAME	BLANCAS, ULRIKE	DVP
STREET ADDRESS	12530 SW 151 ST #150	Blancas, Ulrike
CITY-ST-ZIP	MIAMI, FL 33186	14010 SW 130 th PL
		Miami, FL 33186
TITLE	DS	
NAME	JARQUE, FEDERICO	
STREET ADDRESS	330 GULF RD.	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT APRIL 26, 2006

Date

Daytime Phone #

305 259 8454
305 905 3586