

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

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**



02092007 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANCAS, JOSE
STREET ADDRESS	14010 SOUTHWEST 130TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DVT
NAME	BLANCAS, ULRKE
STREET ADDRESS	14010 SOUTHWEST 130TH PLACE
CITY-ST-ZIP	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	

U00000634599
02/22/07-80016-005 150.00

**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:

Ulrike Blancas
ULRIKE BLANCAS, V.P.

FEB 09, 2007

Date Daytime Phone #

(305) 253-8454
(305) 905-3586