2003 FOR PROFIT CORPORATION

Mar 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000046474 DOCUMENT # 1. Entity Name 03-27-2003 90081 024 ***150.00 JB LOGISTIC, INC. Principal Place of Business Mailing Address 330 GULF RD. 330 GULF RD. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 US HS Principal Place of Business 3. Mailing Address 70 PONCE DE LEON BLVD CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc Suite, Apt. #, etc. 208 City & State City & State 4. FEI Number Applied For 01-07-11493 CORAL GABLES Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARQUE, FEDERICO Street Address (P.O. Box Number is Not Acceptable) 330 GULF RD. KEY BISCAYNE FL 33149 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Addition Change TITLE TITLE ☐ Delete BLANCAS , JOSE 12530 SW 151 St. - 159 BLANCAS, JOSE NAME NAME **VELBURGER STR 4** STREET ADDRESS STREET ADDRESS MIAM! FL 33186 NURENBERG, 90478, GERMANY CITY-ST-7IP CITY-ST-ZIP TITLE DVT ☐ Delete TITLE Change Addition BLANCAS, ULRIKE NAME **BLANCAS, ULRIKE** NAME 12530 SW 151 St. - 159 STREET ADDRESS **VELBURGER STR 4** STREET ADDRESS FL 33186 CITY-ST-ZIP NURENBERG, 90478, GERMANY CITY-ST-ZIP TITLE" DS ` Delete" TITLE-- - Change - - Addition NAME JARQUE, FEDERICO NAME STREET ADDRESS 330 GULF RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 vustee 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:

FILED