2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90183 048 ***150.00

DOCUMENT # P00000073904

1. Entity Name
J.F.INTERNATIONAL LOGISTICS,INC.

Principal Place of Business
7931 BENGAL LANE
NEW PORT RICHEY, FL 34654

Mailing Address
7931 BENGAL LANE
NEW PORT RICHEY, FL 34654

50044896

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5910 PINEHILL RD UNIT 6
Suite, Apt # etc
City & State
PORT RICHEY FL
Zip 34668 Country USA

3. Mailing Address
5910 PINEHILL RD UNIT 6
Suite, Apt # etc.
City & State
PORT RICHEY FL
Zip 34668 Country USA

4. FEI Number 52-2267661 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRUGIA, JOSEPH
5910 PINE HILL RD UNIT 6
PO BOX 1382
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	[ ] Delete
NAME	FERRUGIA, LORI A	
STREET ADDRESS	7931 BENGAL LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	PVT	[ ] Delete
NAME	FERRUGIA, JOSEPH	
STREET ADDRESS	7931 BENGAL LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
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CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/05 DATE 727 847-5210 Daytime Phone #