

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000105628

1. Entity Name

ALPINOS LOGISTICS & DISTRIBUTION INC.



Principal Place of Business

6885 NW 25TH ST BAY #5
MIAMI FL 33122

Mailing Address

6885 NW 25TH ST BAY #5
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1054160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARANGO, ALVARO
12251 SW 96TH STREET
MIAMI FL 33186

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARANGO, ALVARO
STREET ADDRESS 12251 SW 96TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE VSD ☐ Delete
NAME ARANGO, ANA E
STREET ADDRESS 12251 SW 96TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete
NAME ARANGO, JUAN C
STREET ADDRESS 12251 SW 96TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☐ Delete
NAME ARANGO, NATALIA M
STREET ADDRESS 12251 SW 96TH STREET
CITY-ST-ZIP MIAMI FL 33186

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 000000018278
CITY-ST-ZIP 01/28/04-80128-016 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(f), 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

ALVARO ARANGO

Date

Daytime Phone #

1/23/04 (305) 871-7082