

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107683

FILED
Jan 27, 2009
Secretary of State

Entity Name: PANATLANTIC LOGISTICS INC.

Current Principal Place of Business:

6101 BLUE LAGOON DRIVE
SUITE 150
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 52-2311771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARAGONDI, ELGER R
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: BERTOGG, CLAUDIO
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: NEIDL, ANDREW
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARAGUNDI, ELGER RAUL
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHAVES, ESTEBAN EFRAIN
Address: 6101 BLUE LAGOON DRIVE, SUITE 150
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELGER RAUL ARAGUNDI

P

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date