

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90034 035 ***150.00

DOCUMENT # P00000117969

1. Entity Name
MARK LINE LOGISTICS, INC.



Principal Place of Business
1501 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

Mailing Address
1501 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

94047666



2. Principal Place of Business
451 SW 12 Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9841
Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State
Pompano Beach, FL
Zip 33069 Country Broward

City & State
Ft. Lauderdale, FL
Zip 33310 Country Broward

4. FEI Number
65-1068187
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, TERRY J
1521 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Richard A. LEYDIG, JR
Street Address (P.O. Box Number is Not Acceptable)
107 S.E. 10 ST.
City Ft. Lauderdale FL Zip Code 33316

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMILEY, WARREN G JR P O BOX 33310 9841 FT LAUDERDALE, FL 33310	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMILEY, WARREN G III P O BOX 33310 9841 FT LAUDERDALE, FL 33310	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 9841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 this address, with all other like employers.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 954-782-8364
Date Daytime Phone #