

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003450

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DIRECT STORE LOGISTICS, INC.

## Current Principal Place of Business:

5709 CLOVERDALE CT  
DAVIE, FL 33331

## New Principal Place of Business:

3680 NW 73RD STREET  
MIAMI, FL 33147

## Current Mailing Address:

P.O. BOX 327238  
FORT LAUDERDALE, FL 33332 US

## New Mailing Address:

2880 GASTON DAY SCHOOL RD  
GASTONIA, NC 28056 US

FEI Number: 03-0373673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANCK, ROBERT W  
5730 SW 74TH STREET SUITE 700  
MIAMI, FL 33143 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: PD ( ) Delete  
Name: CLARKE, JOHN  
Address: 5709 CLOVERDALE COURT  
City-St-Zip: DAVIE, FL 33331

Title: VD ( ) Delete  
Name: CLARKE, LYNN D  
Address: 5709 CLOVERDALE CT  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CLARKE, JOHN  
Address: 2880 GASTON DAY SCHOOL RD  
City-St-Zip: GASTONIA, NC 28056

Title: VD (X) Change ( ) Addition  
Name: CLARKE, LYNN D  
Address: 2880 GASTON DAY SCHOOL RD  
City-St-Zip: GASTONIA, NC 28056

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: LYNN D. CLARKE

VD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date