**FILED** 

	ANNUAL R	N Mar 08, 2004 08:00  Secretary of State					
DOCUMENT # P0100003916  1. Entity Name FPC GLOBAL LOGISTICS, INC.					90	ciciai	y of State
Principal Place 12613 SW 9 MIAMI, FL 3:	TH TERRACE	Mailing Address 12613 SW 9TH TERRACE MIAMI, FL 33184	ithink manny and				
D	OO NOT WRITE I	CE	03042004 4. FEI Numb 65-107	No Chg-P er 72469	CR2E034 (	10/03) Applied For Not Applicable	
	6. Name and Address of Current Regi		علمان المقالة وسارا	5. Cartificate	of Status Desired	Fee	75 Additional Required
MONTOTO, TEDDY L ESQ. 7721 SW 62ND AVE., STE. 101 S. MIAMI, FL 33143					NOT W	PACE	
8. The above the obligati	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and title	purpose of changing its register	ed office or registe	्राच्यास्य प्र	oth, in the State of Fl	Torida. I am famil	liar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing _ \$5	.00 May Be ied to Fees		<u> </u>	
10. Title Name Street adoress City-St-Zip	OFFICERS AND DIRE  D FANDINO, MARIE E 12613 SW 9TH TERRACE MIAMI, FL 33184	CTOBS.			U0000 03/ <b>08/</b> 04	)0081074 1-80135-01	02 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	and a second	AND STREET AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY			NOT W		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		·····································		IN .	THIS SI	PACE	: <del></del> -
name Street address City St-Zip		· water agreement may make the transmit in the state of t		=			 
TITLE							

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR