## 20¢4 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 07, 2004 08:00 AM DOCUMENT # P01000022830 **Secretary of State** CHAMONIX LOGISTICS CORPORATION, INC. Principal Place of Business Mailing Address **6025 NW 87 AVENUE** 6025 NW 87 AVENUE MIAMI, FL 33178 MIAMI, FL 33178 03232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1084191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SANTORO, WAGNER DO NOT WRITE 21205 YACHT CLUB DRIVE SUITE 2405 IN THIS SPACE AVENTURA, FL 33180 3. 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 it applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000105312 10. OFFICERS AND DIRECTORS 04/1//14-80021-016 150.00 BILE NAME SANTORO, WAGNER STREET ADDRESS 21205 YACHT CLUB DRIVE #2405 CITY-ST-ZP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP ME HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP mlE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CRTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, wit pall other like empowered.

NAME OF SIGNING OFFICER OF DIRECTOR

**FILED**