


03-31-2003 90309 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037273

1. Entity Name
CRONUS LOGISTICS, INC.



Principal Place of Business Mailing Address
 7813 MADEIRA ST 7813 MADEIRA ST
 MIRAMAR, FL 33023 MIRAMAR, FL 33023

2. Principal Place of Business 3. Mailing Address
7814 NW 40 St. **7814 NW 40 St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Hollywood, FL** City & State **Hollywood, FL**
 Zip **33024** Country **USA** Zip **33024** Country **USA**



10052367

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1092878** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 VON ROMER, ADAM P
 16361 NW 16 STREET
 PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: *[Signature]* *[Signature]* DATE: **3/28/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when missing)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, ISMAEL	NAME	
STREET ADDRESS	7814 NW 40TH ST	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 lines empowered.

SIGNATURE: *[Signature]* DATE: **3/28/03** **954-558-7787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (10/02)