

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 043 ***150.00

DOCUMENT # P0100044283 1. Entity Name DALOP LOGISTICS, INC.																																																																																																																													
Principal Place of Business 9060 NW 8TH ST., #502 MIAMI, FL 33172			Mailing Address 9060 NW 8TH ST., #502 MIAMI, FL 33172																																																																																																																										
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Country		Country		4. FEI Number 65-1099943																																																																																																																									
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent DAL BOSCO, SANDRO 9060 NW 8TH ST., #502 MIAMI, FL 33172				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 typed or printed name of registered agent and title in applicable																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DAL BOSCO, SANDRO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9060 NW 8TH STREET, APT. 509</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33172</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOPEZ, SABRINA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9060 NW 8TH STREET, APT. 509</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33172</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">VAZQUEZ, JOSE FERNANDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8330 BYRON AVENUE #7</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33141</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">DAL BOSCO, SANDRO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9060 NW 8TH ST, APT. # 502</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33172</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">SABRINA LOPEZ</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9060 NW 8TH ST. APT. # 502</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">MIAMI, FL 33172</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">XXXXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">XXXXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">XXXXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>						TITLE	P	☐ Delete	NAME	DAL BOSCO, SANDRO		STREET ADDRESS	9060 NW 8TH STREET, APT. 509		CITY- ST- ZIP	MIAMI, FL 33172		TITLE	V	☐ Delete	NAME	LOPEZ, SABRINA		STREET ADDRESS	9060 NW 8TH STREET, APT. 509		CITY- ST- ZIP	MIAMI, FL 33172		TITLE	S	☐ Delete	NAME	VAZQUEZ, JOSE FERNANDO		STREET ADDRESS	8330 BYRON AVENUE #7		CITY- ST- ZIP	MIAMI, FL 33141		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	P	☒ Change ☐ Addition	NAME	DAL BOSCO, SANDRO		STREET ADDRESS	9060 NW 8TH ST, APT. # 502		CITY- ST- ZIP	MIAMI, FL 33172		TITLE	V	☒ Change ☐ Addition	NAME	SABRINA LOPEZ		STREET ADDRESS	9060 NW 8TH ST. APT. # 502		CITY- ST- ZIP	MIAMI, FL 33172		TITLE		☒ Change ☐ Addition	NAME	XXXXXXXXXXXXXXXXXXXX		STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX		CITY- ST- ZIP	XXXXXXXXXXXXXXXXXXXX		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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 on Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered																																																																																																																													
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
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