


PS 192

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000066541

1. Entity Name
LOGISTICS SUPPORT, INC.

N05000046644



FILED
05 OCT 24 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

8245-2 NW 36 ST 8245-2 NW 36 ST
MIAMI, FL 33166 MIAMI, FL 33166



2. Principal Place of Business 3. Mailing Address

1836 S.W. 136th 1836 S.W. 136th
Suite, Apt. #, etc. Suite, Apt. #, etc.

09272005 REIN-P CR2E098 (6/04)

City & State City & State

MIAMI, FL MIAMI, FL

Zip Country Zip Country

33125 USA 33125 USA

4. FEI Number 27-0067826 Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent

PARADA, MONICA
1836 SW 136 ST
MIAMI, FL 33175

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 *Monica Parada* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

NEW STATEMENT 04-05

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARADA, MONICA 1836 SW 136 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PARADA, ISAIAS D 1836 SW 136 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete FERNANDEZ, MIGUEL 15781 SW 106 TERR APT 104 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>U. Roberts OCT 21 2005</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060922839 10/25/05--01058--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Monica Parada* 08-29-05 305-552-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AS 2/22



October 17, 2005

Florida Department of State
Division of Corporations
Tallahassee, FL 32302

Attn: Tina Roberts


Subject.- Corporation Reinstatement for #PO1000066541

Ref. Letter Number:905A00061810

Dear Ms. Roberts:

~~In attention to the above referenced, we did not file the 2004 and 2005 corporate annual reports due to non-receipt of the notices. Find enclosed the completed Annual Report/Reinstatement form as requested to waiver the reinstatement fees due to non-receipt. Thank you very much for your support.~~

Sincerely,


Monica Parada
President