2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P01000114150

Entity Name: SUAREZ LOGISTICS INC.

Current Principal Place of Business:

21348 NW 150TH AVENUE ROAD
MICANOPY, FL 32667

New Principal Place of Business:

20805 N HWY 329
MICANOPY, FL 32667

Current Mailing Address:

21348 NW 150TH AVENUE ROAD
MICANOPY, FL 32667

New Mailing Address:

P.O. BOX 364
REDDICK, FL 32686

FEI Number: 02-0532513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, MARK
1850 MONROE STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GUYOT, DOMINIQUE
Address: 21348 NW 150TH AVE RD
City-St-Zip: MICANOPY, FL 32667

Title: V ( ) Delete
Name: SPITZER, ELLEN
Address: 1850 MONROE ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: TS ( ) Delete
Name: SUAREZ, BENJAMIN
Address: 21348 NW 150TH AVE RD
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GUYOT, DOMINIQUE
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: SUAREZ, BENJAMIN
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIQUE GUYOT P 04/18/2005

Electronic Signature of Signing Officer or Director Date