2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114150

Entity Name: SUAREZ LOGISTICS INC.

FILED Mar 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20805 N HWY 329 MICANOPY, FL 32667

Current Mailing Address: 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: Name and Address of New Registered Agent:

WILLIAMSON, MARK

1850 MONROE STREET

HOLLYWOOD, FL 33020 US

YOUNG, BETTY A
4047 SW 51ST COURT
OCALA, FL 34474 US

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: BETTY A YOUNG 03/18/2006

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

HOLLYWOOD, FL 33020

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MICANOPY, FL 32667

 Title:
 P
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 GUYOT, DOMINIQUE
 Name:
 SUAREZ-TORRO, BENJAMIN

 Address:
 20805 N HWY 329
 Address:
 20805 N HWY 329

City-St-Zip: MICANOPY, FL 32667 City-St-Zip: MICANOPY, FL 32667

 Title:
 V
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 SPITZER, ELLEN
 Name:
 BARNES, ROMAN R

 Address:
 1850 MONROE ST
 Address:
 20805 N HWY 329

Title: TS () Delete Title: SEC (X) Change () Addition

 Name:
 SUAREZ, BENJAMIN
 Name:
 SUAREZ, BENJAMIN JR

 Address:
 20805 N HWY 329
 Address:
 20805 N HWY 329

 City-St-Zip:
 MICANOPY, FL 32667
 City-St-Zip:
 MICANOPY, FL 32667

Title: () Delete Title: TRES () Change (X) Addition

 Name:
 Name:
 SUAREZ, JESSICA

 Address:
 20805 N HWY 329

 City-St-Zip:
 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 Chapter 119, 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: BENJAMIN SUAREZ-TORRO PRES 03/18/2006