2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P01000114150

Entity Name: SUAREZ LOGISTICS INC.

Current Principal Place of Business:

20805 N HWY 329
MICANOPY, FL 32667

New Principal Place of Business:

1619 NW 5TH STREET
CHIEFLAND, FL 32626

Current Mailing Address:

P.O. BOX 364
REDDICK, FL 32686

New Mailing Address:

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

Name and Address of Current Registered Agent:

YOUNG, BETTY A
4047 SW 51ST COURT
OCALA, FL 34474 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: PRES ( ) Delete
Name: SUAREZ-TORRO, BENJAMIN
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: VP ( ) Delete
Name: BARNES, ROMAN R
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: SEC ( ) Delete
Name: SUAREZ, BENJAMIN JR
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: TRES ( ) Delete
Name: SUAREZ, JESSICA
Address: 20805 N HWY 329
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/24/2008

Electronic Signature of Signing Officer or Director — Date