

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90026 039 \*\*\*150.00

**50057662**



<b>DOCUMENT # P02000001306</b> 1. Entity Name <b>XCC LOGISTICS, INC.</b>					
Principal Place of Business <b>6000 NW 97TH AVE #400 MIAMI, FL 33178</b>			Mailing Address <b>6000 NW 97TH AVE #400 MIAMI, FL 33178</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>80-0025053</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TYPALDOS, ARISTIDES 1701 N.W. 84 AVE. MIAMI, FL 33126				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <small>Signature of officer or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYPALDOS, ARISTIDES <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1701 NW 84 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, ANA MARIA		NAME	Hernandez, Ana Maria	
STREET ADDRESS	6060 NW 97TH AVE., STE. 400		STREET ADDRESS	6000 NW 97th Ave, Ste 400	
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP	Doral, FL 33178	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, XAVIER		NAME	Cochez, Paul	
STREET ADDRESS	1701 NW 84 AVE		STREET ADDRESS	9744 NW 48th terr	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Doral, FL 33178	
TITLE	<input type="checkbox"/> Delete		TITLE	Vocal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Orillac, Arianne	
STREET ADDRESS			STREET ADDRESS	4370 NW 107 av apt 203	
CITY-ST-ZIP			CITY-ST-ZIP	Doral, FL 33178	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			07/14/05 (305) 471-0809 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					