2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001306

Entity Name: XCC LOGISTICS, INC.

City-St-Zip:

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	25 STREET					
101 MIAMI, FL	33172					
Current Mailing Address:			New Maili	New Mailing Address:		
11200 NW	25 STREET					
101 MIAMI, FL	33172					
	: 80-0025053	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	l Addrass of	New Registered Agent:	
Maine and	Addiess of C	ourrent Registered Agent.	name and	Address of	New Registered Agent.	
GONZALEZ, WILLIAM				HERNANDEZ, ANA MARIA		
6560 NW 114 AV 528				22000 SW 127 AVE MIAMI, FL 33170 US		
MIAMI, FL 33178 US			IVII/AIVII, I L	MIMMI, I E 33170 GG		
in the State	e of Florida.	submits this statement for the l	purpose of changing i	its registered	office or registered agent, or both, 01/12/2009	
		nic Signature of Registered Ag	ent		Date	
Election Car		g Trust Fund Contribution ().	one.		Bate	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD () Delete	Title:	() Change () Addition	
Name:	TYPALDOS, ÀF		Name:	·		
Address:	1701 NW 84 A		Address:			
City-St-Zip:	MIAMI, FL 331	26	City-St-Zip:			
Title:	S () Delete	Title:	S (X) Change ()Addition	
Name:	HERNANDEZ,		Name:	HERNANDEZ		
Address:		/E., SUITE 400	Address:	22000 SW 12		
City-St-Zip:	DORAL, FL 33	1/8	City-St-Zip:	MIAMI, FL 33	3170	
Title:	V () Delete	Title:	V (X) Change ()Addition	
Name:	COCHEZ, RAU		Name:	MOTTA, FELI		
Address:	9744 NW 48TH		Address:	9744 NW 48T		
City-St-Zip:	DORAL, FL 33	1/8	City-St-Zip:	DORAL, FL 3	33178	
Title:	() Delete	Title:	Т () Change (X) Addition	
Name:	,		Name:	HENNE, GUIL		
Address:			Address:	9744 NW 48	TER	

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.

City-St-Zip: DORAL, FL 33178

SIGNATURE: ANA MARIA HERNANDEZ S 01/12/2009