


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90009 031 \*\*\*163.75

<b>DOCUMENT # P02000003121</b>	
1. Entity Name <b>PREMIER GLOBAL LOGISTICS, INC.</b>	

Principal Place of Business <b>10200 NW 21ST STREET SUITE #101 MIAMI, FL 33172</b>	Mailing Address <b>10200 NW 21ST STREET SUITE #101 MIAMI, FL 33172</b>
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2. Principal Place of Business <b>8150 NW 21TH ST.</b>	3. Mailing Address <b>8150 NW 21TH ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DORAL, FL</b>	City & State <b>DORAL, FLORIDA</b>
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Zip <b>33122</b>	Country <b>USA</b>	Zip <b>33122</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>ARAGON, SANTIAGO JR. 15952 S W 15TH STREET PEMBROKE PINES, FL 33027</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <u><i>Santiago Aragon Jr.</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>1-6-06</u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARAGON, SANTIAGO JR. 15952 S W 15TH STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARAGON, BERTA 15952 SW 15TH STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Santiago Aragon Jr.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1-6-06</u> 305-591-3550 Date Daytime Phone #