

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017365

FILED
May 08, 2008
Secretary of State

Entity Name: LOGSTAR LOGISTICS CORP.

Current Principal Place of Business:

8358 NW 66 STREET
MIAMI, FL 33166

New Principal Place of Business:

6109 NW 72 AVENUE
MIAMI, FL 33166

Current Mailing Address:

8358 NW 66 STREET
MIAMI, FL 33166

New Mailing Address:

6109 NW 72 AVENUE
MIAMI, FL 33166

FEI Number: 01-0598233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONCALVES, CARLOS
8358 NW 66 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GONCALVES, CARLOS
6109 NW 72 AVENUE
MIAMI, FL 33166 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: EDU GONCALVES

05/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GONCALVES, CARLOS E
Address: 8358 NW 66 STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GONCALVES, CARLOS E
Address: 6109 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166

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: EDU GONCALVES

PSD

05/08/2008

Electronic Signature of Signing Officer or Director

Date