

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90027 021 ***150.00

DOCUMENT # P02000027621

1. Entity Name
PALMETTO LOGISTICS, INC.



Principal Place of Business

**2041 SW 136 WAY
MIAMI, FL 33027**

Mailing Address

**2041 SW 136 WAY
MIAMI, FL 33027**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number **90-0062289** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS, HAYDEN
19016 NW 53RD PLACE
MIAMI, FL 33055**

*CHANGE TO
2041 SW 136 PLACE
MIAMI, FL 33027*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	THOMAS, HAYDEN
STREET ADDRESS	2001 S.W. 136 WAY
CITY-ST-ZIP	MIAMI, FL 33027
TITLE	VSD
NAME	THOMAS, PATRICE
STREET ADDRESS	19016 NW 53RD PLACE
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04 954 554 6821