2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2004 08:00 AM DOCUMENT # P02000054137 Secretary of State 1. Entity Name KRYSTAL LOGISTICS USA, INC. Principal Place of Business Mailing Address 703 WATERFORD WAY (NW 62ND AVENUE) 703 WATERFORD WAY (NW 62ND AVENUE) SUITE 650 SUITE 650 MIAMI, FL 33126 MIAMI, FL 33126 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2043045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDANO, JUAN CARLOS DO NOT WRITE 703 WATERFORD WAY (NW 62ND AVENUE) **SUITE 650** IN THIS SPACE MIAMI, FL 33126 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VALDANO, CARLOS X NAME STREET ADDRESS 848 BRICKELL KEY DRIVE #4401 CITY - ST-ZIP MIAMI, FL 33131 U00000015355 01/28/04-80011-012 150.00 ST TITLE VALDANO, JUAN C NAME STREET ADDRESS 808 BRICKELL KEY DRIVE #350 CITY-ST-ZIF MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this reportor 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZEP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1/27/04 (205)315 2004 Date Desymmetrians V