20 UN	003 FOR PRO IIFORM BUSIN	FIT CORPOR IESS REPOR	ATION T (ÚBR)	08-25-2003 90094 034 150.00 F P02000059210
DOCUMENT # P02000059210 1. Entity Name 5 G'S LOGISTICS INC.				03 SEP 12 AM II: 30 SECRETARY OF STATE
Principal Place 3921 W BRO TAMPA FL 33		Mailing Address 3921 W BROAD ST TAMPA FL 33614		SECRETARY OF STATE FALLAHASSEE FLORIDA
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	
GONZALEZ, OSCAR E 3921 W BROAD ST Street Address			ss (P.O. Box Number is Not Acceptable)	
TAMPA F				
			City	FL Zip Code
8. The above	named entity submits this statement	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. 1 am familiar with, and accept
the obligat	tions of registered agent.	0.3		8-18-03
SIGNATURE .	Signature, typed or printed name of registered ap	7. 7	E: Registered Agent signature requ	
After Se	TLE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 k Payable to Florida Department	50.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GONZALEZ, OSCAR E 3921 W BROAD ST TAMPA FL 33614	□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GONZALEZ, OSCAR J 3921 W BROAD ST TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Ctrange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS		☐ Defets	TITLE NAME STREET ADDRESS CUTY, ST7/P	☐ Change ☐ Addition

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 report or suppliemental 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 of 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 | SIGNATURE | Place | Pla

5 G'S LOGISTICS INC

3921 W. Broad St. Tampa, Fl 33614 Phone number (813) 363-6292

Setp. 9, 2003

Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Subject: 5 G's Logistics Inc.'s balance due.

Reference number: P02000059210

First I would like to explain why I sent only \$150.00 dollars. Unfortunately I never received the <u>first</u> UNIFORM BUSINESS REPORT so by the time that I received the report it was the one for \$550.00 dollars. Knowing that there was a problem I try to contact you via e-mail and phone, making many unsuccessful calls. Then I talked to a friend who said to me send them only \$150.00 dollars and then they will contact you giving you the right procedures to dissolve this matter.

As today I talked to one of yours costumer service personnel who told me to write a letter explaining the situation. So please if you were so kind and let me know if there is any thing else for me to do.

Thans!!!!!

President/