

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000059602

Entity Name: ALL WORLD LOGISTICS, INC.

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8378 NW 68 STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 521593  
MIAMI, FL 331521593

**New Mailing Address:**

FEI Number: 02-0606921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGOTE, NIVARDO JR.  
7941 W 33 LANE  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARGOTE, MIRIAM  
Address: P.O.BOX 521593  
City-St-Zip: MIAMI, FL 331521593 US

Title: VP ( ) Delete  
Name: ARGOTE, NIVARDO JR.  
Address: P.O.BOX 521593  
City-St-Zip: MIAMI, FL 331521593 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NIVARDO ARGOTE JR

VP

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date