


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90087 019 \*\*\*150.00

<b>DOCUMENT # P02000085249</b>	
1. Entity Name <b>OLD AMERICAN LOGISTICS, CORP.</b>	

Principal Place of Business <b>780 NW 42 AVE. SUITE 420 MIAMI, FL 33126</b>	Mailing Address <b>780 NW 42 AVE. SUITE 420 MIAMI, FL 33126</b>
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2. Principal Place of Business <b>8601 N.W. 72nd St.</b>	3. Mailing Address <b>2003 BRIDGEWOOD DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33166</b>	Zip <b>33434</b>
Country <b>USA</b>	Country <b>USA</b>

**66417936**

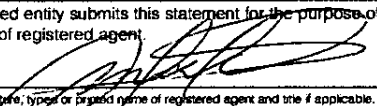


04302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0643132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PIEDRA, AURELIO A 780 NW 42 AVE. SUITE 516 MIAMI, FL 33126</b>	7. Name and Address of New Registered Agent Name <b>JESUS R. MEJIAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 BRIDGEWOOD DR.</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33434</b>
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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.

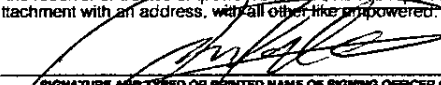
SIGNATURE  DATE **04/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ADOLFO 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ADOLFO 2003 BRIDGEWOOD DR. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONETTO, FRANZ 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONETTO, FRANZ 2003 BRIDGEWOOD DR. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEJIAS, JESUS 2003 BRIDGEWOOD DR. BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04/30/04** (561) 477-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR