


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087914	
1. Entity Name SMART LOGISTICS INC.	

Principal Place of Business 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417	Mailing Address 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2286120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, HOWARD 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, YANEEK 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMAS, NISHAUNETTE 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, LATOYA 4197 NORTH HAVERHILL ROAD SUITE 201 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000130188 04/26/04-80109-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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]* 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____