

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 012 ***150.00

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1. Entity Name
G.P. LOGISTICS, INC.

Principal Place of Business
1426 N.W. 82 AVE
MIAMI, FL 33126

Mailing Address
1426 N.W. 82 AVE
MIAMI, FL 33126

60028333



2. Principal Place of Business
9930 NW 21 St
Suite, Apt. #, etc. -

3. Mailing Address
99 30 NW 21 St
Suite, Apt. #, etc. -

04202006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
06-1650955

Applied For
Not Applicable

Zip
33172

Country

Zip
33172

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELER, BYRON E
1426 N.W. 82 AVE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

By signing this report, the registered agent for the corporation

certifies that the information contained in this report is true and correct.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME KEELER, BYRON E
STREET ADDRESS 1426 N.W. 82 AVE
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE VPT
NAME RUGELES, LUIS
STREET ADDRESS 1426 N.W. 82 AVE
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Entity File #