

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90007 019 ***150.00

DOCUMENT # P02000122951 1. Entity Name ULTIMATE LOGISTICS, INC.					
Principal Place of Business 3121 W. HALLANDALE BEACH BLVD. STE. 113 PEMBROKE PARK, FL 33009			Mailing Address 3121 W. HALLANDALE BEACH BLVD. STE. 113 PEMBROKE PARK, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip Country			Zip Country		
4. FEI Number 02-0658330			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BALAN, EVELYN 555 OAKS LANE #309 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent's signature required when resigning)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALAN, EVELYN ☐ Delete 555 OAKS LANE #309 POMPANO BEACH, FL 33069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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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 ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Evelyn Balan</i> EVELYN BALAN 7/29/04 954-3226662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #					

54066082



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