

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000129848

1. Entity Name  
SDE LOGISTICS, INC.



Principal Place of Business  
2552 JASMINE TRACE DRIVE  
KISSIMMEE, FL 34758

Mailing Address  
2552 JASMINE TRACE DRIVE  
KISSIMMEE, FL 34758



07142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0669755 ☒ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANCHEZ, EDWARD J  
2552 JASMINE TRACE DRIVE  
KISSIMMEE, FL 34758

**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

*Signature, typed or printed name of registered agent and title if applicable*

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
DPT  
SANCHEZ, YOLANDA  
2552 JASMINE TRACE DRIVE  
KISSIMMEE, FL 34758

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
SANCHEZ, EDWARD D  
2552 JASMINE TRACE DRIVE  
KISSIMMEE, FL 34758

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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07/19/05-80004-015 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Edward J Sanchez Yolanda Sanchez* 7-14-05 (407) 729-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #