


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90094 041 ***150.00

DOCUMENT # P02000132137		
1. Entity Name TUG LOGISTICS (MIAMI), INC.		

Principal Place of Business 2801 NW 74 AVE STE 473 MIAMI, FL 33122	Mailing Address 2801 NW 74 AVE STE 173 MIAMI, FL 33122
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2. Principal Place of Business - No P.O. Box # 9901 NW 106 ST Suite, Apt. #, etc. #5	3. Mailing Address 9901 NW 106 ST Suite, Apt. #, etc. #5
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City & State MEDLEY, FL Zip 33178 Country US	City & State MEDLEY, FL Zip 33178 Country US
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40113260



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 14-1861894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANG, DI 2801 NW 74 AVE STE 173 MIAMI, FL 33122	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9901 NW 106 STREET, STE 5 City MEDLEY FL Zip Code 33178	

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WU, ROBERT HSIANG L 2801 NW 74 AVE STE 173 MIAMI, FL 33122 <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	P LEE, ROBERT YIN C 2801 NW 74 AVE STE 173 MIAMI, FL 33122 <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	VS WANG, DI 2801 NW 74 AVE STE 173 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Daytime Phone #