2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91061 001 *****5.00
04-26-2004 91061 002 ***150.00

DOCUMENT # P03000017311

1. Entity Name
MARKETING & LOGISTIC, INC.

66913244

Principal Place of Business	Mailing Address
8160 GENEVA CT STE 102 MIAMI, FL 33166	8160 GENEVA CT STE 102 MIAMI, FL 33166

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1850 NW 82ND AVE.	1850 NW 82ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, Florida	City & State: MIAMI Florida
Zip: 33126. Country: USA.	Zip: 33126 Country: USA.

4. FEI Number: 61-1442436 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTY, GRISELL
8160 GENEVA CT STE 102
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: Fernando Ercolani.
Street Address (P.O. Box Number is Not Acceptable): 1850 NW 82ND. AVE.
City: MIAMI FL Zip Code: 33126.

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] Fernando Ercolani 4/23/2004.
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, 2004 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	DP PATTY, GRISELL 8160 GENEVA CT STE 102 MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ERCOLANI, FERNANDO 8160 GENEVA CT STE 102 MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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] 4/23/2004. (305)463-0673.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #