

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000017444

1. Entity Name
ELLE LOGISTICS INC.



Principal Place of Business
1962 N.W. 82ND AVE
MIAMI, FL 33122

Mailing Address
1962 N.W. 82ND AVE
MIAMI, FL 33122



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2404768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AREU, AYMEE
7800 SW 131ST AVENUE
MIAMI, FL 33183-4261

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	AREU, AYMEE
STREET ADDRESS	7800 SW 131ST AVENUE
CITY-ST-ZIP	MIAMI, FL 331834261

TITLE	T
NAME	SALINAS, JAIME
STREET ADDRESS	7800 SW 131ST AVENUE
CITY-ST-ZIP	MIAMI, FL 331834261

TITLE	
NAME	
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CITY-ST-ZIP	

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03/21/08-80053-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Aymee Areu

Date

Daytime Phone #

2/29/08