## **2005 FOR PROFIT CORPORATION**

## FILED Jan 12, 2005 8:00 am Secretary of State

	ANNUAL REPORT							Secretary of State											
DOCUMENT # P03000021938  1. Entity Name CONSOLIDATED HANDLING SERVICES, INC.								01-12-2005 9	90017 019	***150.	.00								
Principal Place 4831 N.W. 99 MIAMI, FL 33	9TH COURT	4831 N.W	Mailing Address 4831 N.W. 99TH COURT MIAMI, FL 33178				400008												
2. Principal P	lace of Busin	ness	3. Mailing A	3. Mailing Address															
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			01102005	Chg-P	CR2E03	4 (10/03)									
City & State			City & Sta	City & State			4. FEI Number	- 0588	651		plied For t Applicable								
Zip	Country		Zip		Coun	try		f Status Desired	m \$	8.75 Add ee Required									
	6. Name	rrent Registered Ag				7. Name and	Address of New F	Registered A	gent										
CABALLERO, CARLOS A 4831 N.W. 99TH COURT MIAMI, FL 33178						Name													
						Street Address (P.O. Box Number is Not Acceptable)													
						City				Zip Code									
The above named entity submits this statement for the purpose of changing its register.						FL The state of th													
		tered agent.		or or or or or															
SIGNATURE_	Signature, typed	d or printed name of registerer	d agent and title if applicable	. (NOTE	: Registere	d Agent signature requires	d when reinstating)		DATE										
		FEE IS \$150.065 Fee will be \$5		lection Campaiq rust Fund Contr	_		.00 May Be led to Fees				1								
10.	·	OFFICERS	AND DIRECTORS		11.		ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTOR!	SIN 11								
TITLE	PD		m · ·	☐ Delete	TITE					Change	Addition								
NAME STREET ADDRESS	1	ERO, CARLOS A /. 99TH COURT			NAM	ET ADDRESS													
CITY-ST-ZIP	MIAMI, F					-ST-ZIP													
TITLE NAME				☐ Delete	TITL NAM					☐ Change	☐ Addition }								
STREET ADORESS						ET ADDRESS					1								
CITY-ST-ZIP					CITY	-ST-ZIP													
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STREET ADDRESS						EET ADDRESS					ŀ								
CITY-ST-ZIP					<b>→</b>	-ST-ZIP					- Addition								
TITLE NAME				☐ Delete	TITL NAM	t t				Change	☐ Addition								
STREET ADDRESS				1	1	EET ADDRESS													
CITY-ST-ZIP			——//	☐ Delete	TITL	-ST-ZIP		<del> </del>		Change	☐ Addition								
NAME				CT Delets	NAM	l l				Onango									
STREET ADDRESS						EET ADORESS '-ST-ZIP													
12. I hereby indicated of the col	certify that the control of the cont	ne information supplie ort or supplemental re the receiver or truster	d with this filling doe port is true and acci	s not qualify for urate and that n cute this report	the exe ny signa as redu		ection 119.07(3)(i same legal effect 7, Florida Statutes	), Florida Statutes. as if made under s; and that my nan	I further certi oath; that I ar	fy that the ir n an officer Block 10 o	nformation or director r Block 11 if								
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 disteres 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.																			
SIGNAT	TURE:		<u> </u>		$\mathcal{L}$	nperfor	1	1-10-09	SIGNATURE:										