


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90001 011 ***150.00

DOCUMENT # P03000042939	
1. Entity Name R & J LOGISTICS INTERNATIONAL, INC.	

Principal Place of Business 191 NE 43RD COURT OAKLAND PARK, FL 33334	Mailing Address 191 NE 43RD COURT OAKLAND PARK, FL 33334
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54067940



2. Principal Place of Business 191 NE 43RD COURT	3. Mailing Address P.O. BOX 23411
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State OAKLAND PARK FLORIDA	City & State OAKLAND PARK FLORIDA
Zip 33334	Country USA
Zip 33307	Country USA

4. FEI Number 43-2009082	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERCADO, RAFAEL I 191 NE 43RD COURT OAKLAND PARK, FL 33334	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: Rafael Mercado DATE: 08-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, RAFAEL I 191 NE 43RD COURT OAKLAND PARK, FL 33334 <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	PVTS MERCADO, RAFAEL I 191 NE 43RD COURT OAKLAND PARK, FL 33334 <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 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: Rafael Mercado DATE: 08-01-04 DAYTIME PHONE #: 954-605-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR