

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043710

**FILED**  
**Jul 29, 2004**  
**Secretary of State**

**Entity Name:** E & D LOGISTICS ENTERPRISES CORP.

**Current Principal Place of Business:**

5520 GUNN HWY.  
APT. 1101  
TAMPA, FL 33624 HI

**New Principal Place of Business:**

**Current Mailing Address:**

5520 GUNN HWY.  
APT. 1101  
TAMPA, FL 33624 HI

**New Mailing Address:**

**FEI Number:** 83-0356138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, CARL T  
5103 MEMORIAL HWY  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S, ( ) Delete  
Name: RUIZ, PHILLIP  
Address: 5520 GUNN HWY. APT. 1101  
City-St-Zip: TAMPA, FL 33634 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP RUIZ

P,S,

07/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date