

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045044

FILED
Apr 15, 2009
Secretary of State

Entity Name: DELMAR LOGISTICS (FL) INC.

Current Principal Place of Business:

10636 COTE DE LIESSE
MONTREAL, QC H8T 1A5 CA

New Principal Place of Business:

Current Mailing Address:

10636 COTE DE LIESSE
MONTREAL, QC H8T 1A5 CA

New Mailing Address:

FEI Number: 98-0397292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUTLER, HARRISON
Address: 77 CLEVE ROAD
City-St-Zip: MONTREAL, QC H8T 1A5 CA

Title: D () Delete
Name: CUTLER, ROBERT
Address: 7553 BAILEY
City-St-Zip: MONTREAL, QC H8T 1A5 CA

Title: D () Delete
Name: JULICH, HERBERT WM.
Address: 22 VASSAR PLACE
City-St-Zip: ROCKVILLE CENTER, NY 11570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUTLER, HARRISON
Address: 10636 COTE DE LIESSE
City-St-Zip: MONTREAL, QC H8T 1A5 CA

Title: D (X) Change () Addition
Name: CUTLER, ROBERT
Address: 10636 COTE DE LIESSE
City-St-Zip: MONTREAL, QC H8T 1A5 CA

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOMENIC GIACCARI

MR

04/15/2009

Electronic Signature of Signing Officer or Director

Date