


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-11-2004 90010 046 ***150.00

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| DOCUMENT # P03000047267 |  |
| 1. Entity Name D&A LOGISTICS INC. | |

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| Principal Place of Business 7118 TAMPANIA AVE. TAMPA FL 33614 US | Mailing Address 7118 TAMPANIA AVE. TAMPA FL 33614 US |
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| 2. Principal Place of Business 2005 LORI ANN ST Suite, Apt. #, etc. | 3. Mailing Address 2005 LORI ANN ST Suite, Apt. #, etc. |
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| City & State BRANDON, FL Zip 33510 Country | City & State BRANDON FL Zip 33510 Country |
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| 4. FEI Number 14-1881984 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SALGADO, CAROL A 7118 TAMPANIA AVE. TAMPA FL 33614 | |
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| 7. Name and Address of New Registered Agent Name SALGADO, CAROL A Street Address (P.O. Box Number is Not Acceptable) 2005 LORI ANN ST City BRANDON FL Zip Code 33510 | |
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| 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 CAROL A SALGADO DATE 2-6-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|--|---|
| TITLE P NAME SALGADO, CAROL A STREET ADDRESS 7118 TAMPANIA AVE. CITY-ST-ZIP TAMPA FL 33614 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME SALGADO, CAROL A STREET ADDRESS 2005 LORI ANN ST CITY-ST-ZIP BRANDON FL 33510 | <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 | <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: CAROL A SALGADO DATE: 2-6-03 Daytime Phone #: (813) 651-0787 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |