2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# P03000069965

Entity Name: FULL PACKAGE LOGISTICS INC.

Current Principal Place of Business:

1890 NW 82 AVE STE 101
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1890 NW 82 AVE STE 101
MIAMI, FL 33126

New Mailing Address:

FEI Number: 13-4256643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LESCANO, MANUEL A
8501 NW 17TH STREET, SUITE 101
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

LESCANO, MANUEL A
1890 NW 82 AVE STE 101
MIAMI, FL 33126 US

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: 03/08/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LESCANO, MANUEL A
Address: 8501 NW 17TH STREET, SUITE 101
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: DEL CALVO, LEOPOLDO
Address: 8501 NW 17TH STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LESCANO, MANUEL A
Address: 1890 NW 82 AVE STE 101
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change ( ) Addition
Name: DEL CALVO, LEOPOLDO
Address: 1890 NW 82 AVE STE 101
City-St-Zip: MIAMI, FL 33126

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: MANUEL A. LESCANO P 03/08/2005
Electronic Signature of Signing Officer or Director — Date