


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 036 ***150.00

DOCUMENT # P03000084471

1. Entity Name
J & E LOGISTICS, INC.



Principal Place of Business
**10622 NW 87TH CT.
 HIALEAH GARDENS, FL 33018**

Mailing Address
**10622 NW 87TH CT.
 HIALEAH GARDENS, FL 33018**

40096765

2. Principal Place of Business
349 PIPER AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
349 PIPER AVENUE
 Suite, Apt. #, etc.



06142006 Chg-P CR2E034 (11/05)

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

Zip
33936

Country
USA

Zip
33936

Country
USA

4. FEI Number
75-3126099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JESUS
10622 NW 87TH CT.
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name **Fernandez, Jesus**

Street Address (P.O. Box Number is Not Acceptable)
349 PIPER AVENUE

City **Lehigh Acres, FL** Zip Code **33936**

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 _____ DATE **6/20/06**

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 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JESUS 10622 NW 87TH CT. HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, ELSIE 10622 NW 87TH CT. HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez, Jesus 349 PIPER AVENUE Lehigh Acres, FL. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, ELSIE 349 PIPER AVENUE Lehigh Acres, FL. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ DATE **6/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR