

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 024 ***150.00

DOCUMENT # P03000085367

1. Entity Name
EURO LOGISTICS, INC.



Principal Place of Business
**4135 VENTURA AVE
COCONUT GROVE, FL 33133**

Mailing Address
**4135 VENTURA AVE
COCONUT GROVE, FL 33133**

2. Principal Place of Business
6955 NW 52 ST

3. Mailing Address
6955 NW 52 ST

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

04302004

Chg-P

CR2E034 (10/03)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
03 0525383

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

6. Name and Address of Current Registered Agent

**CRUZ, MARY
4135 VENTURA AVE
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
LOPEZ-SANTANA, LORENZO
289 N.W. 92 ST.
MIAMI SHORES, FL 33150** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOPEZ-SANTANA, LORENZO
289 N.W. 92 ST.
MIAMI SHORES, FL 33150** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 reports 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2004 (305) 592 2125

Date

Daytime Phone #