2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085367

City-St-Zip:

MADRID, SPAIN,

FILED Feb 12, 2008 Secretary of State

Entity Nar	ne: EURO LOC	BISTICS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6955 NW 52 STREET #101 MIAMI, FL 33166			7100 N.W. 12TH STR MIAMI, FL 33126	7100 N.W. 12TH STREET - 103 MIAMI, FL 33126	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6955 NW 52 STREET #101 MIAMI, FL 33166			7100 N.W. 12TH STR MIAMI, FL 33126	7100 N.W. 12TH STREET - 103 MIAMI, FL 33126	
FEI Number:	03-0525383	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LOPEZ, OSCAR G 6991 N.W. 52ND STREET 101 MIAMI, FL 33166 US			101	6955 N.W. 52ND STREET	
The above in the State		bmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: OSCAR LOPEZ				02/12/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Frust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () E LOPEZ, OSCAR (3066 SW 138 AV MIRAMAR, FL 33	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E LOPEZ, OSCAR (3066 S.W. 138TH MIRAMAR, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	GOMEZ, SERGIO	Delete) L BOADII I A DEL MONTE 28660	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: OSCAR LOPEZ Ρ 02/12/2008