

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90238 029 ***150.00

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DOCUMENT # P03000086104

1. Entity Name
A.S.L. LOGISTICS GROUP, INC.



Principal Place of Business
2801 NORTHWEST 74TH AVENUE
SUITE 107
MIAMI, FL 33122

Mailing Address
POST OFFICE BOX 526825
MIAMI, FL 33152

2. Principal Place of Business
6918 NW 51 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33166

Country
U.S.A.

Zip

Country

04192005 Chg-P CR2E034 (10/03)

4. FEI Number
13-4269549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEL CASTILLO, LYNDIA P
2801 NORTHWEST 74TH AVENUE
SUITE 107
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6918 NW 51 Street

City
Miami

Zip Code
FL 33166

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 _____

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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CASTILLO, VICTOR G POST OFFICE BOX 526825 MIAMI, FL 33152 <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	D DEL CASTILLO, LYNDIA P POST OFFICE BOX 526825 MIAMI, FL 33152 <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: **Lynda P. Del Castillo** **04-20-05 305-238-6326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #