


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 013 ***150.00

DOCUMENT # P03000100974 1. Entity Name PT LOGISTICS, INC.			
Principal Place of Business P.O. BOX 480157 DELRAY BEACH, FL 33448		Mailing Address P.O. BOX 480157 DELRAY BEACH, FL 33448	
2. Principal Place of Business - No P.O. Box # 14095 State Rd. 7		3. Mailing Address 14095 State Rd. 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach, FL	
Zip 33446		Zip 33446	
Country USA		Country USA	
4. FEI Number 33-1070110		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERO, ANGELA 14095 STATE ROAD 7 DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 PERO, ANGELA 14095 STATE ROAD 7 DELRAY BEACH, FL 33346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERO, CHARLES 14095 STATE ROAD 7 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/30/2007</u> Daytime Phone # _____	