

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000104220
 1. Entity Name
 ADVANTAGE LOGISTICS SYSTEMS INC.



Principal Place of Business: 15480 EMMELMAN ROAD, WELLINGTON, FL 33414
 Mailing Address: 15480 EMMELMAN ROAD, WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-0243026
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 MIRAMONTES, HECTOR
 15480 EMMELMAN ROAD
 WELLINGTON, FL 33414

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000856542
 03/28/08-80015-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MIRAMONTES, HECTOR
STREET ADDRESS	15480 EMMELMAN ROAD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP/D
NAME	MIRAMONTES, MARISEL
STREET ADDRESS	15480 EMMELMAN ROAD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3-10-08 Daytime Phone: 561-719-1260