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Secretary of State
03-22-2004 90048 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114100

1. Entity Name
STORAGE LOGISTICS, INC.

66410571

03182004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~11715 SW 18 ST #408 MIAMI FL 33175~~	~~11715 SW 18 ST #408 MIAMI FL 33175~~

2. Principal Place of Business	3. Mailing Address
8360 NW. 10 ST	8360 NW. 10 ST
Suite, Apt. #, etc: 13-C	Suite, Apt. #, etc: 13-C
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33126 Country: U.S.A	Zip: 33126 Country: U.S.A

4. FEI Number 20-0309947 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVOS, PATRICIA 11715 SW 18 ST #408 MIAMI, FL 33175	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACUNA, ALFONSO ~~11715 SW 18 ST #408~~ ~~MIAMI, FL 33175~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALFONSO ACUNA P-D ☒ Change ☐ Addition 8360 NW. 10ST UNIT 13-C MIAMI FLORIDA. 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #