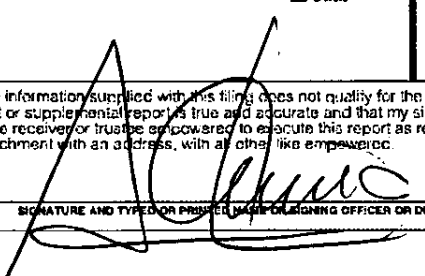


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-22-2004 90048 024 ***150.00

DOCUMENT # P03000114100 1. Entry Name STORAGE LOGISTICS, INC.			
Principal Place of Business 11715 SW 18 ST #408 MIAMI, FL 33175		Mailing Address 11715 SW 18 ST #408 MIAMI, FL 33175	
2. Principal Place of Business 8360 NW. 10 ST Suite, Apt. #, etc. 13-C		3. Mailing Address 8360 NW. 10 ST Suite, Apt. #, etc. 13-C	
City & State MIAMI FLORIDA Zip 33126		City & State MIAMI FLORIDA Zip 33126	
Country U.S.A		Country U.S.A	
4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVOS, PATRICIA 11715 SW 18 ST #408 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 _____ (Signatures, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renouncing)			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFONSO ACUNA P-D 8360 NW. 10 ST UNIT 13-C MIAMI FLORIDA 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 reports 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 AGING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____	

66410371



03182004 Chg-P CR2E034 (10/03)

FBI 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

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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
8360 NW. 10 ST UNIT 13-C
MIAMI FLORIDA 33126

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #