2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam FORNES	LOGISTICS TRANSPORT,			FILED OH JUL 20 AMII: 47 SECRETARY OF STATE TALLAHASSEE. FLORIDA						
Principal Place 280 WEST 40 HIALEAH,, FL	OTH PLACE	Mailing Address 280 WEST 40TH PLACE HIALEAH,, FL 33012			(koukkou) hi	SECRETARS TALLAHASS	EEFELORI	40)	PL) 11 iSLi	
2. Principal P	9951	2								
Suite, Apt.	#, etc. A Hi fl	Suite, Apt. #, etc.				Chg-P	CR2E034 (10/03)		
Zip	Country D (City & State City & State City & State City & City	Country [//		4. FEI Number 20	of Status Desired	1372		olied For Applicable Lional	
3318	6. Name and Address of Current	カラ/メル Registered Agent				Address of New F		Required It		
MIAMI, FL 33166						(P.O. Box Number is Not Acceptable) 8 5 1. HHI fl 33186 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, inpect or printed name of registered agent and title (applicable. (NOTE: Registered Agent signature required when renstating) DATE										
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.										
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFF		ECTORS Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	FORNES, JULIO 280 WEST 40TH PLACE HIALEAH, FL 33012	п рекв	NAME STREET ADDRESS CITY-SI-ZIP					Chiquigo	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA," MARIA E 280 WEST 40TH PLACE HIALEAH, FL 33012	Delete	NAME STREET ADDRESS CITY-ST-ZIP	1/0	210A 643	forno. Sw	8851	Change 186	Addition	
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12. I hereby certify that the information supplied with this filling 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 TIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dete										