

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

06 JAN 19 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003112

1. Entity Name
TRAN-LOGISTICS GROUP, INC.



Principal Place of Business
1880 NE 170 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
C/O DAVID ETZION
19707 TURNBERRY WAY APT. 20C
AVENTURA, FL 33180



2. Principal Place of Business
2700 N. 29TH AVE
Suite, Apt. #, etc.
204

3. Mailing Address
2700 N. 29TH AVE
Suite, Apt. #, etc.
204

City & State
HOLLYWOOD, FL
Zip
33020
Country
USA

City & State
HOLLYWOOD, FL
Zip
33020
Country
USA

01162006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0920903
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ETZION, DAVID
1880 NE 170 STREET
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
NAAVA HAZAN
Street Address (P.O. Box Number is Not Acceptable)
2700 N. 29TH AVE
#204
City
Hollywood FL Zip Code
33020

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	ETZION, DAVID	19707 TURNBERRY WAY #20C	AVENTURA, FL 33180	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PTD	NAAVA HAZAN	2700 N. 29TH AVE STE#204	Hollywood, FL 33020	<input checked="" type="checkbox"/>
Secretary	NAAVA HAZAN	2700 N. 29TH AVE, #204	Hollywood, FL 33020	<input checked="" type="checkbox"/>
TREASURER	NAAVA HAZAN	2700 N. 29TH AVE, #204	Hollywood, FL 33020	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAAVA HAZAN

Date

1-17-06

Daytime Phone #

954-924-9899

B. Mitchell

JAN 24 2006