2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008468

1890 NW 82ND AVE, STE 105

MIAMI, FL 33126

Address: City-St-Zip:

Entity Name: GLOBAL LOGISTICS CONSOLIDATORS, INC

FILED Jan 09, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|-------------------------------------|--|---|--|--|
| 1890 NW 8 STE 105 MIAMI, FL | 82ND AVE 33126 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 1890 NW 8 STE 105 MIAMI, FL | 82ND AVE 33126 | | | | |
| FEI Number | : 16-1690468 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1890 NW 8 STE 105 | S, FLORENTI 82ND AVE 33126 US | NO M | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PLACERES, F |) Delete LORENTINO M D AVE, STE 105 126 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PALMA, SELV | DAVE, STE 105 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | M (X TOKUNAGA, Y | i) Delete URIKO | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FLORENTINO M PLACERES P 01/09/2008