

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 044 ***150.00

DOCUMENT # P04000053246

1. Entity Name
AGUSTIN LOGISTICS CORP.



Principal Place of Business
**12345 SW 18 ST #209
MIAMI, FL 33175**

Mailing Address
**12345 SW 18 ST #209
MIAMI, FL 33175**

50008457



2. Principal Place of Business
10863 SW 88TH ST

3. Mailing Address
10863 SW 88TH ST

Suite, Apt. #, etc.
345

Suite, Apt. #, etc.
345

01272005 Chg-P CR2E034 (10/03)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
13-4577133

Applied For
Not Applicable

Zip
33176

Country
USA

Zip
33176

Country

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

**VALENCIA, ALBERTO
15629 SW 100 LN
MIAMI, FL 33196**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PENA, KAREN**
STREET ADDRESS **12345 SW 18 ST #209**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME **LAUZ, LEONARDO**
STREET ADDRESS **12345 SW 18 ST #209**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME **VALENCIA, ALBERTO**
STREET ADDRESS **15629 SW 100 LN**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

KAREN PENNA
OFFICER

Date

Daytime Phone #

(305) 598-5416