

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087581

FILED
Mar 27, 2009
Secretary of State

Entity Name: OCEAN LINES LOGISTICS, INC.

Current Principal Place of Business:

2315 NW 107 AVE BOX 46
2M-23
DORAL, FL 33172

Current Mailing Address:

2315 NW 107 AVE BOX 46
2M-23
DORAL, FL 33172

New Principal Place of Business:

5960 NW 99 AVE.
UNIT # 3
DORAL, FL 33178 US

New Mailing Address:

5960 NW 99 AVE.
UNIT # 3
DORAL, FL 33178 US

FEI Number: 33-1094023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JASINKI, PAUL A
13501 SW 99TH STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JASINSKI, PAUL A
Address: 13501 SW 99TH STREET
City-St-Zip: MIAMI, FL 33186

Title: S,VP () Delete
Name: NICOLAS, NAJIB
Address: 2335 NW 107 AV STE 2M22 BOX 46
City-St-Zip: MIAMI, FL 33172

Title: D,VP () Delete
Name: NICOLAS, MICHEL
Address: 16239 SW 49 CT
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JASINSKI, PAUL A
Address: 13501 SW 99TH STREET
City-St-Zip: MIAMI, FL 33186 US

Title: S,VP (X) Change () Addition
Name: NICOLAS, NAJIB
Address: 5960 NW 99 AVE UNIT # 2
City-St-Zip: MIAMI, FL 33178 US

Title: TD (X) Change () Addition
Name: NICOLAS, MICHEL
Address: 16239 SW 49 CT
City-St-Zip: MIRAMAR, FL 33027 US

Title: DVP () Change (X) Addition
Name: CAPUTO, MARIO
Address: 7101 NW 111 PL
City-St-Zip: DORAL, FL 33178 US

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.

SIGNATURE: NAJIB NICOLAS

SVP

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date