

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087581

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: OCEAN LINES LOGISTICS, INC.

## Current Principal Place of Business:

5960 NW 99 AVE.  
UNIT # 2  
DORAL, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

5960 NW 99 AVE.  
UNIT # 2  
DORAL, FL 33178 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

JASINKI, PAUL A  
5960 NW 99 AVE  
UNIT # 2  
MIAMI, FL 33178 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

## OFFICERS AND DIRECTORS:

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

Title: VP  
Name: NICOLAS, NAJIB  
Address: 16221 SW 49 CT  
City-St-Zip: MIRAMAR, FL 33027 US

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

Title: DVP  
Name: CAPUTO, MARIO  
Address: 10968 NW 80 LN  
City-St-Zip: DORAL, FL 33178 US

Title: S, D  
Name: CONCETTINA, MELILLO  
Address: 10968 NW 80 LN  
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL JASINSKI

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date