

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90277 032 \*\*\*150.00

**DOCUMENT # P04000090432**

1. Entity Name  
L.C.I.C. LOGISTICS, CORP.



Principal Place of Business

1919 BAY DRIVE, SUITE 51  
MIAMI BEACH, FL 33141

Mailing Address

1919 BAY DRIVE, SUITE 51  
MIAMI BEACH, FL 33141

2. Principal Place of Business

1904 MARSEILLES DR

3. Mailing Address

1904 MARSEILLES DR

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

04082006

Chg-P

CR2E034 (11/05)

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

20-1240219

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANALS, IVONNE

1919 BAY DRIVE

MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

CANALS, IVONNE

Street Address (P.O. Box Number is Not Acceptable)

1904 MARSEILLES DRIVE SUITE 3

City

MIAMI BEACH

FL

33141

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

4/8/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CANALS, IVONNE  
STREET ADDRESS 1919 BAY DRIVE, SUITE 51  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CANALS, IVONNE ☒ Change ☐ Addition  
STREET ADDRESS ~~1919 BAY DRIVE~~ 1904 MARSEILLES DR STE 3  
CITY-ST-ZIP MIAMI BEACH, FL 33141

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/06