
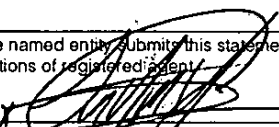


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90444 034 ***158.75

DOCUMENT # P04000097187					
1. Entity Name BEST LOGISTICS USA, CORP.					
Principal Place of Business 6547 NW 170 TERR MIAMI FL 33015			Mailing Address 6547 NW 170 TERR MIAMI FL 33015		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 550 872798	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, LUIS F 6547 NW 170 TERR MIAMI FL 33015				7. Name and Address of New Registered Agent Name LUIS F GUTIERREZ Street Address (P.O. Box Number is Not Acceptable) 6721 N.W. 189 TERR. City MIAMI - FL 33015 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  LUIS F. Gutierrez "President" DATE 02/01/05 <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, LUIS F	NAME			
STREET ADDRESS	6547 NW 170 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VELEZ, JESSICA	NAME			
STREET ADDRESS	6547 NW 170 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTRO, NORELIA	NAME			
STREET ADDRESS	6547 NW 170 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENAO, MARBI	NAME			
STREET ADDRESS	6547 NW 170 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  **LUIS F. Gutierrez "President"**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/05 **(305) 9628895**
Date Daytime Phone #