

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90362 037 ***150.00

DOCUMENT # P04000100949

1. Entity Name
LOGISTIC ALLIANCE, INC.



Principal Place of Business
1607 NW 84TH AVE
MIAMI, FL 33126

Mailing Address
4466 W WHITEWATER AV
WESTON, FL 33332

400.00



2. Principal Place of Business
1609 NW 84th AVE

3. Mailing Address
1609 NW 84th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
54-2157496

Applied For
Not Applicable

Zip
33126

Country
U.S.

Zip
33126

Country
U.S.

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

PALAU, MAURICIO Q
19201 COLLINS AVENUE, #528
SUNNY ISLES BEACH, FL 33160

Name
MARIA Andiea Reyes

Street Address (P.O. Box Number is Not Acceptable)
16413 SAPPHIRE Bend

City
Weston

FL

Zip Code
33331

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]

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when resigning)

04/10/06

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P BORRERO, FRANCISCO
4466 W WHITEWATER AV
WESTON, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Administrative Director
MARIA Andiea Reyes
16413 SAPPHIRE Bend
Weston FL 33331 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sales Director
Julian Angel
51 SW 11 ST
Miami FL 33130 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/06

305 7188038

Date

Daytime Phone #