2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000100949

FILED Dec 21, 2006 Secretary of State

Entity Nar	ne: LOGISTIC	C ALLIANCE, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
1609 NW 84TH AVE MIAMI, FL 33126				PARK CENTRE WEST CORP 55 WESTON RD 320 SUNRISE, FL 33326		
Current Mailing Address:				New Mailing Address:		
1609 NW 84TH AVE MIAMI, FL 33126			320	PARK CENTRE WEST CORP 55 WESTON RD 320 SUNRISE, FL 33326		
FEI Number:	: 54-2157496	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name an	d Address o	f New Registered Agent:	
16300 ĠOI 202 WESTON,	ARIA ANDRE/ LF CLUB RD FL 33326 US	3	of all an ain a	ika wa siakawa	d effice are registered a rout or both	
	named entity : e of Florida.	submits this statement for the po	urpose or changing	its registere	d office or registered agent, or both,	
SIGNATUF	RE:					
	Electror	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BORRERO, FR 4466 W WHITE WESTON, FL AD REYES, MARIA	WATER AV 33332 Delete ANDREA LUB RD APT 202	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	4466 W WH	(X) Change () Addition FRANCISCO ITEWATER AV L 33332 () Change () Addition	
Title: Name: Address: City-St-Zip:	MD () SALAZAR, SAR 4466 W WHITE WESTON, FL	WATER AV	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	P MARTIN, DE 55 WETSOI SUNRISE, F	RD, SUITE 320	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA ANDREA REYES 12/21/2006 ΑD