

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172650

Entity Name: GLOBAL RELOGISTICS, INC.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

16499 NE 19TH AVE
STE # 102
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

5337 ORANGE DRIVE
FORT LAUDERDALE, FL 33314 US

Current Mailing Address:

16499 NE 19TH AVE
STE # 102
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

5337 ORANGE DRIVE
FORT LAUDERDALE, FL 33314 US

FEI Number: 20-2085421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZRA, ALON
16499 NE 19TH AVE
102
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

EZRA, ALON
5337 ORANGE DRIVE
FORT LAUDERDALE, FL 33314 US

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: ALON EZRA

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EZRA, ALON
Address: 16499 NE 19TH AVE SUITE#102
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: AVP () Delete
Name: PARDO, JOHN
Address: 16499 NE 19TH AVE SUITE # 102
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EZRA, ALON
Address: 5337 ORANGE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

Title: AVP (X) Change () Addition
Name: PARDO, JOHN
Address: 5337 ORANGE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify 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: ALON EZRA

PRES

02/28/2008

Electronic Signature of Signing Officer or Director

Date