## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000071534** 



1. Entity Nam SEAMAR	FREIGHT LOGISTICS INC	;						
Principal Plac	e of Business	Mailing Address		40	<i>,</i> -			
9114 NW 164 ST MIAMI LAKES, FL 33018		9114 NW 164 ST MIAMI LAKES, FL 33018						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
12877 Orpington Street Suite, Apt. #, etc.		12877 Or pinston Street Suite, Apt. #, etc.			ili bbili belli ebili			
Suite, Apt. #, etc.				01242008 C	Chg-P	CR2E034 (12/06	)	
Apt 13 4 City & State		City & State		4. FEI Number		i	Applied For	
Orlando Florida  Zip Country		Orlando H Zip Country		20-2862056 Not Applicable  5 Continents of Status Posiced \$8.75 Additional				
32820	2154	38826	USA	5. Certificate of Star	tus Desired	Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HERNANI	DEZ. JESSIE	Name .	Name .					
7891 W. FLAGLER STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
#259 MIAMI, FL 33144			· · · · · · · · · · · · · · · · · · ·					
			City			FL Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its registered				istered agent or both in the	ne State of Flo		and accept	
	tions of registered agent.	a the purpose of changing to h	ogiste/00 000 0. 10g.	stored again, or both, we	10 01010 01 110	riod. Fair faithful Wil	i, and docopi	
SIGNATURE.								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature red	quired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFI	ICERS AND DIRECTO	RS IN 11	
TITLE	P	☐ Delete	1ITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	· · <del>-</del> · · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		·	☐ Change	Addition	
NAME STREET ADDRESS			NAME 'STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		LI Delete	NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP		[ ] Delete	CITY-ST-ZIP			☐ Channe	Addition	
11111-11								

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90057 033 \*\*\*150.00