

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167083

Entity Name: EAE LOGISTICS CORP.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

2829 BIRD RD AVE
5-289
COCONUT GROVE, FL 33133

Current Mailing Address:

2829 BIRD RD AVE
5-289
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

429 LENOX AVENUE
R 602
MIAMI BEACH, FL 33139

New Mailing Address:

429 LENOX AVENUE
R 602
MIAMI BEACH, FL 33139

FEI Number: 20-4010545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIO, GLADYS
2829 BIRD RD AVE
5-289
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

SANCHEZ, JAIME
429 LENOX AVENUE
SUITE: R 602
MIAMI BEACH, FL 33139 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: JAIME SANCHEZ

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANCHEZ, JAIME
Address: 2829 BIRD RD AVE SUITE 5-289
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD () Delete
Name: SANCHEZ, JAIME
Address: 2829 BIRD RD AVE SUITE 5-289
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ, JAIME
Address: 429 LENOX AVENUE SUITE: R 602
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VPD (X) Change () Addition
Name: SANCHEZ, JAIME
Address: 429 LENOX AVENUE SUITE: R 602
City-St-Zip: MIAMI BEACH, FL 33139 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: JAIME SANCHEZ

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date