

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90051 048 ***158.75

60028853



03212007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000167194					
1. Entity Name TT & LOGISTIC USA, CORP.					
Principal Place of Business 150 NW 28TH STREET MIAMI, FL 33127			Mailing Address 150 NW 28TH STREET MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0912271	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PICHINTE, DAVID E 150 NW 28TH STREET MIAMI, FL 33127			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D S PICHINTE, DAVID E <input type="checkbox"/> Delete		TITLE	D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PICHINTE, DAVID E		NAME		
STREET ADDRESS	150 NW 28TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	D P PICHINTE, WENDY D <input type="checkbox"/> Delete		TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PICHINTE, WENDY D		NAME		
STREET ADDRESS	150 NW 28TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	D VP SANCHEZ, JORGE E <input type="checkbox"/> Delete		TITLE	V P S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANCHEZ, JORGE E		NAME		
STREET ADDRESS	150 NW 28TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	D ALVERGUE, JESUS RAFAEL D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVERGUE, JESUS RAFAEL D		NAME		
STREET ADDRESS	150 NW 28TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i> President			03/21/07 (305) 571-3593		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		