

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016458

Entity Name: EFRINSA GLOBAL LOGISTICS INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

6915 RED ROAD  
214  
CORAL GABLES, FL 33143

## New Principal Place of Business:

8014 NW 66TH STREET  
MIAMI, FL 33166

## Current Mailing Address:

6915 RED ROAD  
214  
CORAL GABLES, FL 33143

## New Mailing Address:

8014 N.W. 66TH STREET  
MIAMI, FL 33166

FEI Number: 20-4226572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BACA, LEONIDAS  
8396 N.W. 70TH STREET  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

BACA, LEONIDAS  
8014 N.W. 66TH STREET  
MIAMI, FL 33166 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: LEONIDAS BACA

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BACA AMES, LEONIDAS  
Address: 8369 N.W. 70TH STREET, SUITE 214  
City-St-Zip: MIAMI, FL 33166

Title: STD ( ) Delete  
Name: ESCALANTE, LUIS S  
Address: 6915 RED ROAD, SUITE 214  
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete  
Name: FLORES, FRANZ  
Address: 6915 RED ROAD, SUITE 214  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BACA-AMES, LEONIDAS  
Address: 8014 N.W. 66TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: STD (X) Change ( ) Addition  
Name: SILVA-ESCALANTE, LUIS  
Address: 8014 N.W. 66TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition  
Name: FLORES, FRANZ  
Address: 8014 N.W. 66TH STREET  
City-St-Zip: MIAMI, FL 33166

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: LEONIDAS BACA

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date