


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 002 ***150.00

DOCUMENT # P06000057593 1. Entity Name COMMERCE ACCESS LOGISTICS, INC					
Principal Place of Business 4121 SW 102 COURT MIAMI, FL 33165			Mailing Address 4121 SW 102 COURT MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 11090 SW 58 TERR.		3. Mailing Address Suite, Apt. #, etc. PO. Box 650504			
City & State MIAMI FL.		City & State MIAMI FL		4. FEI Number 20-4746272	
Zip 33173		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, RAMON 4121 SW 102 COURT MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Cindy Prieto Herran Street Address (P.O. Box Number is Not Acceptable) 13342 SW 26 Terr. City Miami FL Zip Code 33175			
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 X Cindy P. Herran, CPA DATE 4/25/08 <small>Signature typed or printed in ink of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, JR, TOMAS P.O. BOX 651631 MIAMI, FL 33265 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-08 <small>Date Daytime Phone #</small>		