
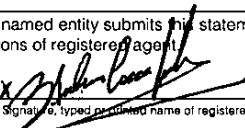
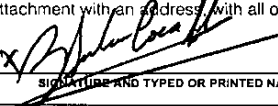


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90213 038 \*\*\*150.00

<b>DOCUMENT # P06000096091</b> 1. Entity Name <b>MERIDIAN LOGISTICS, INC.</b>					
Principal Place of Business <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>B231 NW 68TH ST</b>		3. Mailing Address <b>B231 NW 68TH ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>		4. FEI Number <b>86-1171641</b>	
Zip <b>FI</b>		Country <b>33166</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>FI</b>		Country <b>33166</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Billy COCCA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8231 NW 68TH ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>		
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:  <b>01-10-2007</b> <small>Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCCA, BILLY 201 ALHAMBRA CIRCLE, SUITE 711 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				<b>01-10-2007</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	