2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123704

Entity Name: ER LOGISTICS, INC.

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	PPHIRE ISLE , FL 33331			
Current Mailing Address:			New Mailing Address:	
	PPHIRE ISLE , FL 33331			
FEI Number	: 86-1174809	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
16700 ŚAF	RANCISCO PPHIRE ISLE , FL 33331	US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Agen			ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (REBOLLEDO, 16700 SAPPH WESTON, FL	IRE ISLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPT (REBOLLEDO, 16700 SAPPH WESTON, FL	IRE ISLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (MINAN, FRANC 16700 SAPPH WESTON, FL	IRE ISLE	Title: Name: Address: City-St-Zip:	() Change () Addition

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: HECTOR E REBOLLEDO PD 05/11/2009