

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000142499

Entity Name: SLI (SELECT LOGISTICS, INC.)

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

10900 NW 21ST ST  
STE # 250  
MIAMI, FL 33172 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

10900 NW 21ST  
STE # 250  
MIAMI, FL 33172 US

## **New Mailing Address:**

FEI Number: 11-3794816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CAVALLO, GABRIELA  
10900 NW 21ST  
STE # 250  
MIAMI, FL 33172 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CAVALLO, GABRIELA  
Address: 9591 NW 45 STREET  
City-St-Zip: DORAL, FL 33178 US

Title: VP  
Name: CAVALLO, HECTOR  
Address: 9591 NW 45 STREET  
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: GABRIELLA CAVALLO

PS

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date