

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145356

Entity Name: BISAC LOGISTICS, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

5519 NW 72ND AVE
MIAMI, FL 331664205

New Principal Place of Business:

5519 NW 72ND AVE
MIAMI, FL 331664205 US

Current Mailing Address:

5519 NW 72ND AVE
MIAMI, FL 331664205

New Mailing Address:

FEI Number: 20-5912650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, OLGA P
5519 NW 72ND AVE
MIAMI, FL 331664205 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTINEZ, OLGA P
Address: 7967 S.W. 5 ST.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DS () Delete
Name: MARTINEZ, HUGO E
Address: 7002 NW 79 ST
City-St-Zip: TAMARAC, FL 33321

Title: DT () Delete
Name: MAYORGA, ANDRES E
Address: AVENIDA EL DORADO # 84-A-55
City-St-Zip: BOGOTA COLOMBIA,

Title: DVP () Delete
Name: MAYORGA, ANA M
Address: AVENIDA EL DORADO # 84-A-55
City-St-Zip: BOGOTA COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HUGO MARTINEZ

DS

03/27/2009

Electronic Signature of Signing Officer or Director

Date