

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000145484

1. Entity Name
WAC LOGISTICS, INC.



Principal Place of Business
7810 NW 52ND STREET
MIAMI, FL 33166

Mailing Address
7810 NW 52ND STREET
MIAMI, FL 33166



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0207507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, ALBERT
7810 NW 52ND STREET
MIAMI, FL 33166

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000857696
04/01/08-80014-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YERA, WILFREDO
STREET ADDRESS 7810 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE VD
NAME ESPINOSA, ALBERTO
STREET ADDRESS 7810 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD
NAME YERA, CLAUDIA
STREET ADDRESS 7810 NW 52ND STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. 3/11/08 786-258-4981