

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150406

Entity Name: LATIN AMERICAN LOGISTICS, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

8213 NW 66 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8213 NW 66 ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8004161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ALCIDES
8213 NW 66 ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

MORALES, ALCIDES D
8213 NW 66 ST
MIAMI, FL 33166 US

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: ALCIDES MORALES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, ALEXANDER
Address: 8213 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: VPD () Delete
Name: ROMERO, FREDDY
Address: 8213 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: MORAN, OSCAR
Address: 8213 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: MORALES, ALCIDES
Address: 8213 NW 66 ST
City-St-Zip: MIAMI, FL 33166

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: ALCIDES MORALES

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date