

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000019113

1. Entity Name
ANMI LOGISTIC GROUP, INC.



Principal Place of Business
8534 NW 66 ST.
MIAMI, FL 33166

Mailing Address
8534 NW 66 ST.
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008

Chg-P

CR2E034 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEZRUTSCHKO, LAURA B
4608 NW 114 AVE
1103
MIAMI, FL, FL 33178

7. Name and Address of New Registered Agent

Name Bezrutschko, Laura B.
Street Address (P.O. Box Number is Not Acceptable)

11413 NW 76 terra

City Mealey

FL

Zip Code 33178

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS BEZRUTSCHKO, LAURA B
CITY-ST-ZIP 4608 NW 114 AVE APT #1103
MIAMI, FL 33178

TITLE ☐ Delete
NAME S
STREET ADDRESS ARIAS, ALEJANDRO M
CITY-ST-ZIP 15260 SW 80 STREET
MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Bezrutschko, Laura B.
CITY-ST-ZIP 11413 NW 76 terra
Mealey, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/08

Date

Daytime Phone #

(305) 4184477

FILED

2008 SEP 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

