

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000019853

FILED
Oct 22, 2009
Secretary of State

Entity Name: LOGICSA FULFILLMENT & DISTRIBUTION, INC.

Current Principal Place of Business:

9140 FONTAINEBLEAU BLVD
SUITE 404
MIAMI, FL 33171

New Principal Place of Business:

3140 W 84TH STREET
UNIT 8
HIALEAH, FL 33018

Current Mailing Address:

9140 FONTAINEBLEAU BLVD
SUITE 404
MIAMI, FL 33172

New Mailing Address:

3140 W 84TH STREET
UNIT 8
HIALEAH, FL 33018

FEI Number: 20-8422707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBARRACIN, CLAUDIA M
9140 FONTAINEBLEAU BLVD.
SUITE 404
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ALBARRACIN, LEONARDO
3140 W 84TH STREET
UNIT 8
HIALEHA, FL 33018 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: LEONARDO ALBARRACIN

10/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBARRACIN, CLAUDIA
Address: 9140 FONTAINEBLEAU BLVD. SUITE 404
City-St-Zip: MIAMI, FL 33172 US

Title: VP () Delete
Name: DENIS, SANDRA
Address: 9140 FONTAINEBLEAU BLVD. SUITE 404
City-St-Zip: MIAMI, FL 33172 US

Title: T () Delete
Name: RODRIGUEZ, ANGELICA
Address: 7754 W. 34 LN
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBARRACIN, LEONARDO
Address: 3140 W 84TH STREET - UNIT 8
City-St-Zip: HIALEAH, FL 33018 US

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: LEONARDO ALBARRACIN

MR

10/22/2009

Electronic Signature of Signing Officer or Director

Date