

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019853

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** LOGICSA FULFILLMENT & DISTRIBUTION, INC.

**Current Principal Place of Business:**

3140 W 84TH STREET  
UNIT 8  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3140 W 84TH STREET  
UNIT 8  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 20-8422707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBARRACIN, LEONARDO  
3140 W 84TH STREET  
UNIT 8  
HIALEHA, FL 33018 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:** P  
**Name:** ALBARRACIN, LEONARDO  
**Address:** 3140 W 84TH STREET - UNIT 8  
**City-St-Zip:** HIALEAH, FL 33018 US

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LEONARDO ALBARRACIN

MR

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date