## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000037290

Name:

Address: City-St-Zip: ORTNER, NICHOLAS

1428 W WATERSTONE

SIOUX FALLS, SD 57108 US

Entity Name: TOWER TRANSPORT LOGISTICS OF FLORIDA, INC.

FILED Apr 23, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
3555 NW 7 MIAMI, FL			1665 NW 102ND AVE. UNIT 108 MIAMI, FL 33172		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3555 NW 7 MIAMI, FL			1665 NW 102ND AVE. UNIT 108 MIAMI, FL 33172 US	3	
FEI Number:	: 20-8726789	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1500 MIAMI, FL The above in the State	e of Florida.		purpose of changing its registered	office or registered agent, or both,	
SIGNATU		ic Signature of Registered Ag	ent	 Date	
Election Car		g Trust Fund Contribution ( ).	One	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () ORTNER, ROBI 1428 W WATER SIOUX FALLS,	RSTONE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP,D () GRONEMEYER 2912 W BITTER SIOUX FALLS,	RROOT ST	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title:	STD ()	Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARY GRONEMEYER VP 04/23/2008