

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90015 048 ***150.00

DOCUMENT # P07000059954

1. Entity Name
LOGISTICS EVENT PLANNING, CORP.



Principal Place of Business
**9881 SW 148TH TERRACE
MIAMI, FL 33176**

Mailing Address
**9881 SW 148TH TERRACE
MIAMI, FL 33176**

40110263



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

07082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0433527

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, MARIA
9881 SW 148TH TERRACE
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CASTELLANOS, STEPHANIE**
STREET ADDRESS **9881 SW 148TH TERRACE**
CITY- ST- ZIP **MIAMI, FL 33176**

TITLE **VP** ☐ Delete
NAME **MARTINEZ, MARIA**
STREET ADDRESS **9881 SW 148TH TERRACE**
CITY- ST- ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addit

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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 changed, or on an attachment with an address; with all other like empowered

SIGNATURE:

Handwritten signatures: Maria Martinez and Stephanie Castellanos