2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061226

Entity Name: TM LOGISTIC CORP

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2608 PEACH CIRCLE NORTH PORT, FL 34289 US				22441 WESTCHESTER BLVD UNIT 1500A PORT CHARLOTTE, FL 33980 US			
Current Mailing Address:				New Mailing Address:			
2608 PEACH CIRCLE NORTH PORT, FL 34289 US			22441 WESTCHESTER BLVD UNIT 1500A PORT CHARLOTTE, FL 33980 US				
FEI Number:	26-0317242	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate	of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
AB CONSULTING & ACCOUNTING SERVICES, INC. 1428 NE 163RD STREET MIAMI, FL 33162 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:							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIREC							ERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () D MEHU, HENOC 2608 PEACH CIR NORTH PORT, FL	CLE		Title: Name: Address: City-St-Zip:	P (X) 0 MEHU, HENOC 22300 VICK ST PORT CHARLOT	Change() TE, FL 339	
Title: Name: Address: City-St-Zip:	VP () D TREJO, WILSON 2608 PEACH CIR NORTH PORT, FL	CLE		Title: Name: Address: City-St-Zip:	VP (X) O TREJO, WILSON 22441 WESTCH PORT CHARLOT	ESTER BLV	/D
Title: Name: Address: City-St-Zip:	S () D GARCIA, KENIA 2608 PEACH CIR NORTH PORT, FL	CLE		Title: Name: Address: City-St-Zip:	S (X) GARCIA, KENIA 22441 WESTCH PORT CHARLOT		/D
Title: Name: Address: City-St-Zip:	T () D DE LOS SANTOS 2608 PEACH CIR NORTH PORT, FL	, AUGUSTO CLE		Title: Name: Address: City-St-Zip:	T (X) ODE LOS SANTOS 22441 WESTCH PORT CHARLOT	ESTER BLV	O /D
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	AT () C TREJO, ROBINS 22441 WESTCH PORT CHARLOT	ESTER BLV	/D
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	AS ()C GARCIA, JOSE I 22441 WESTCH PORT CHARLOT	ESTER BLV	/D

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: HENOC MEHU P 04/27/2008