

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069994

Entity Name: SYNC LOGISTICS, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

227 BROADWAY STE B  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

1970 E. OSCEOLA PARKWAY  
# 331  
KISSIMMEE, FL 34743

## New Mailing Address:

227 BROADWAY STE B  
KISSIMMEE, FL 34741

FEI Number: 56-2670976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RADCLIFFE, KIM  
111 N. ORANGE AVE STE  
SUITE 1450  
ORLANDO, FL 32801 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 ( ) Delete  
Name: MOLINA, JULIAN  
Address: 13636 DRONFIELD AVE  
City-St-Zip: SYLMAR, CA 91342

Title: S ( ) Delete  
Name: ISAACS, TRACI  
Address: 1970 E. OSCEOLA PARKWAY #331  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete  
Name: CLASEN, RYAN  
Address: 65-84 AUSTIN STREET 6M  
City-St-Zip: REGO PARK, NY 11374

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TRACI ISAACS

S

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date