2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-11-2008 90036 008 ***158.75 P07000086842

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # P0700 1. Entity Name ICON LOGISTICS, INC.	0086842	

.08 JAN 15 AM 9: 26 400-Principal Place of Business Mailing Address 7230 SW 11TH STREET 7230 SW 11TH STREET MIAMI, FL 33144 MIAMI, FL 33144 3. Mailing Address SAME Suite, Apt. #. etc. CR2E034 (12/08) 01082008 Chg-P City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired X 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent シカハハ これんし MARTELL, JOSE R Street Address (P.O. Box Number is Not Acceptable) **7230 SW 11TH STREET** MIAMI, FL 33144 FL \$. 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 agen (NOTE: Registered Agent signature required when reinstating) ure, typed or printed name of registered agent and title if applicable. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. MLE PTD TITLE Change Addition MARTELL, JOSE R NAME NAME STREET ADDRESS **7230 SW 11TH STREET** STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI, FL 33144 VSD ☐ Delete IITLE Change Addition THLE PEREZ, SANTIAGO NAME NAME STREET ADORESS STREET ADDRESS 7230 SW 11TH ST CTY-ST-ZIP MIAMI, FL 33144 CITY - S1 - ZIP Addition ☐ Change TITLE ☐ Delete TITLE ROLE SANTIACO RASE NAME 336 S.W.151 C STREET ADDRESS STREET ADORESS Minn: F1. 33185 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NUME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP ☐ Change ☐ Addition ☐ Delate TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - S1 - 21F ☐ Change ■ Addition ☐ Delete IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 impature 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE PREME OF SIGNING OFFICER OR DIRECTOR Daywe Phone #