

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127243

FILED  
May 01, 2009  
Secretary of State

Entity Name: C & B LOGISTIC AND CONSULTING CORP.

**Current Principal Place of Business:**

1267 SW 46 AV  
#2312  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

332 LAKESIDE CT.  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 41-2260848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAVARRI, CARLOS A  
1267 S.W. 46 AV  
#2312  
POMPANO BEACH, FL 33069 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAVARRI, CARLOS A  
Address: 1267 SW 46 AV #2312  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: BALZAN, RICARDO  
Address: 1845 NW 112TH AVE #206  
City-St-Zip: MIAMI, FL 33172

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: CARLOS CHAVARRI

PD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date