


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 047 ***150.00

DOCUMENT # P08922

1. Entity Name
NNR GLOBAL LOGISTICS USA INC.



Principal Place of Business Mailing Address

450 EAST DEVON **450 EAST DEVON**
SUITE 260 **SUITE 260**
ITASCA, IL 60143 US **ITASCA, IL 60143 US**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

90105000



05202008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
36-2719768 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

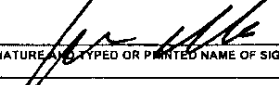
10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GOTOH, MASHAIKO
STREET ADDRESS	HOOK CREEK BLVD & 145THAVE #C-1A
CITY-ST-ZIP	NEW YORK, NY 11581
TITLE	PSD <input type="checkbox"/> Delete
NAME	OKI, KENJI
STREET ADDRESS	450 EAST DEVON
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	D <input type="checkbox"/> Delete
NAME	BEGGIN, JOHN
STREET ADDRESS	1840 AIRPORT EXCHANGE BLVD #160
CITY-ST-ZIP	ERLANGER, KY 41018
TITLE	D <input type="checkbox"/> Delete
NAME	HADLEY, ANDREW
STREET ADDRESS	3830 HANNA CIR # C
CITY-ST-ZIP	INDIANAPOLIS, IN 46241
TITLE	D <input type="checkbox"/> Delete
NAME	KITAKOGA, MASAJI
STREET ADDRESS	KYODO BLDG., 2F, 5-11 NIHONBASHI-HONCHO
CITY-ST-ZIP	CHUO-KU, TOKYO, JA, 3-CHOE
TITLE	D <input type="checkbox"/> Delete
NAME	NOKUO, AKIRA
STREET ADDRESS	KYODO BLDG., 2F, 5-11 NIHONBASHI-HONCHO
CITY-ST-ZIP	CHUO-KU, TOKYO, JA, 3-CHOE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kenji Oki / President** **06/27/08** **630-773-1490**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #