

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053115

Entity Name: GMAS LOGISTICS, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3719 NW 50 ST  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 106  
NEW MILFORD, NJ 07646 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SCORDAMAGLIA, MABEL  
3719 NW 50 ST  
MIAMI, FL 33142 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCORDAMAGLIA, MABEL  
Address: PO BOX 106  
City-St-Zip: NEW MILFORD, NJ 07646 US

Title: VP  
Name: SCORDAMAGLIA, GUSTAVO  
Address: PO BOX 106  
City-St-Zip: NEW MILFORD, NJ 07646 US

I hereby 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 all other like empowered.

SIGNATURE: MABEL SCORDAMAGLIA

PD

04/28/2012

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

\_\_\_\_\_  
Date