



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000013003			
1. Entity Name GULF LOGISTICS CORPORATION			
Principal Place of Business 124 RODGERS BLVD CHIEFLAND FL 32626 US		Mailing Address 124 RODGERS BLVD CHIEFLAND FL 32626 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 APR 21 PM 2: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



MOORE CR2E034 (11/03)

4. FEI Number 59-3301701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOSE A. FLORES-TORO 7353 NW 35TH ST LCR 345 & NW 35TH ST. CHIEFLAND FL 32626 <i>124 Rodgers Blvd.</i>		Name <u>JOSE A. FLORES-TORO</u> Street Address (P.O. Box Number is Not Acceptable) <u>124 Rodgers Blvd.</u> City <u>CHIEFLAND</u> FL Zip Code <u>3262</u>	

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 *[Signature]* **JOSE A. FLORES-TORO CEO** **4-7-4**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May B Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOSE A. FLORES-TORO	NAME	
STREET ADDRESS	124 RODGERS BLVD.	STREET ADDRESS	200054018052
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	05/06/05--01072--025 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JOSE A. FLORES-TORO CEO** **4-12-5**
4-7-4