2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# P95000013003

Entity Name: GULF LOGISTICS CORPORATION

Current Principal Place of Business:

124 RODGERS BLVD
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

124 RODGERS BLVD
CHIEFLAND, FL 32626 US

New Mailing Address:

FEI Number: 59-3301701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORES, JOSE A
124 RODGERS BLVD
CHIEFLAND, FL 32626 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: P ( ) Delete
Name: FLORES-TORES, JOSE A
Address: 124 RODGERS BLVD.
City-St-Zip: CHIEFLAND, FL 32626

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: FLORES-TORES, JOSE A
Address: 124 RODGERS BLVD.
City-St-Zip: CHIEFLAND, FL 32626 US

Title: P ( ) Change (X) Addition
Name: WILSON, CARLA M P
Address: 124 RODGERS BLVD
City-St-Zip: CHIEFLAND, F 32626 US

Title: VP ( ) Change (X) Addition
Name: WILSON, CAREY
Address: 124 RODGERS BLVD
City-St-Zip: CHIEFLAND, FL 32626 US

Title: S ( ) Change (X) Addition
Name: FLORES, RAEDA V
Address: 124 RODGERS BLVD
City-St-Zip: CHIEFLAND, FL 32626 US

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: CARLA WILSON P 05/09/2008

Electronic Signature of Signing Officer or Director Date