

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 010 ***150.00

DOCUMENT # P97000001990 1. Entity Name CONTRACT LOGISTICS, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 7989 NW 21ST STREET Suite, Apt. #, etc.			3. Mailing Address 7989 NW 21ST STREET Suite, Apt. #, etc.		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33122	Country	Zip 33122	Country	4. FEI Number 65-0715950	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name JOHNNY TSIMOGIANNIS Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD SUITE 601 City CORAL GABLES		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALDESPINO, LUIS 11480 SW 59 TERRACE MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REVILLA, MARIO 5406 SW 134 PLACE MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:			LUIS VALDESPINO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/28/03 Daytime Phone # (305) 442-1028		

CR2E034B (12/02)