

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90016 048 \*\*\*150.00

**DOCUMENT # P97000009523**

1. Entity Name  
**TRANSMAR LOGISTICS, INC.**



Principal Place of Business  
**8296 NORTHWEST 68 STREET  
MIAMI, FL 33166**

Mailing Address  
**8296 NORTHWEST 68 STREET  
MIAMI, FL 33166**

**34007553**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0726184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS ROBERTO  
8296 NW 68TH ST  
MIAMI, FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. the obligations of registered agent.

n the State of Florida. I am familiar with, and accept

SIGNATURE

(instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
RAMOS, ROBERTO  
8296 NORTHWEST 68 STREET  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROGERIO MARCHELLI  
11,882 S.W. 16 TH STREET  
PEMBROKE PINES - FL-33025** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
RAMOS, LUCIANA  
8296 NW 68TH STREET  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. changed, or on an attachment with an address, with all other like empowered.

i), Florida Statutes. I further certify that the information  
it made under oath; that I am an officer or director  
d that my name appears in Block 10 or Block 11 if

**SIGNATURE:** *Luciana Ramos* - LUCIANA RAMOS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/13/04**

Date

**305-4368610**

Daytime Phone #