2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007718

1. Entity Name

RA LOGISTICS, INC.



FILED
Feb 26, 2007 08:00 A
Secretary of State

Principal Place of Business

2140 NW 23RD STREET MIAMI, FL 33142 Mailing Address

P.O. BOX 420-364 MIAMI, FL 33242



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02192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0807126

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGULO, CLAUDIO R 2140 NW 23RD STREET MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p iions of registered agent	urpose of changing its registers	ed office or re	egistered agent, or both, in t	he State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title r	tappinable. (NOTE Registerer	d Agent signature	required when reinstating)	DATÉ		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANGULO, CLAUDIO R 2140 NW 23RD STREET MIAMI, FL 33142			·	U00000646691		
TITLE				03	/06/07-80041-017 150.00		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME				•			
STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE		
TITLE NAME				IN TH	IS SPACE		
STREET ADDRESS CITY-ST-ZIP	. *-			.:			
TITLE NAME			•				
STREET ADORESS			•				
CITY-ST-ZiP				•	. ;		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ȚITLE NAME STREET ADDRESS

SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 (305)634-1990