

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 035 ***150.00

DOCUMENT # P98000028869 1. Entity Name LOGISTIC TRANSPORTATIONS SYSTEMS, CORP.																									
Principal Place of Business 8140 N.W. 74TH AVENUE SUITE 19 MIAMI, FL 33166		Mailing Address 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134																							
2. Principal Place of Business - No P.O. Box # 8140 N.W. 74th AVE Suite, Apt. #, etc. STE. #5		3. Mailing Address 8140 N.W. 74th AVE Suite, Apt. #, etc. STE. #5																							
City & State MEDLEY, FL Zip 33166		City & State MEDLEY, FL Zip 33166																							
Country US		Country US																							
4. FEI Number 65-0825391		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 CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name DOUGLAS A. MONTIEL Street Address (P.O. Box Number is Not Acceptable) 4404 S.W. 160 AVE. APT. 822 City MIRAMAR FL Zip Code 33027																							
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 4/28/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>PAPAHU, JUAN A</td> <td>29 CALLE 16-52 ZONA 12</td> <td>GUATEMALA GUATEMALA</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		PAPAHU, JUAN A	29 CALLE 16-52 ZONA 12	GUATEMALA GUATEMALA	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>PSD MONTIEL, DOUGLAS A</td> <td>4404 S.W. 160 AVE. APT. 822</td> <td>MIRAMAR, FL 33027</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		PSD MONTIEL, DOUGLAS A	4404 S.W. 160 AVE. APT. 822	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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: DOUGLAS A. MONTIEL 4/28/08 (305) 889-2929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									