

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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. 74<sup>th</sup> AVE  
STE. #5~~

3. Mailing Address

~~8140 N.W. 74<sup>th</sup> AVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~STE. #5~~

City & State

~~MEDLEY, FL~~

City & State

~~MEDLEY, FL~~

Zip

~~33166~~

Country

~~US~~

Zip

~~33166~~

Country

~~US~~

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 *Douglas A. Montiel*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/28/08*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

~~PTSD  
PAPAHU, JUAN A  
29 CALLE 15-52 ZONA 12  
GUATEMALA GUATEMALA~~

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

~~PSD  
MONTIEL, DOUGLAS A  
4404 S.W. 160 AVE. APT. 822  
MIRAMAR, FL 33027~~

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/28/08*

Daytime Phone #

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

05-01-2008 90221 035 \*\*\*150.00