2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AN
Secretary of State

ANNUAL KEPORT				Mar 16, 2007 08:00			
DOCU	MENT # P980000482			Se	cretary	of State	
1. Entity Nam NAUTICA	AL LOGISTICS, INC.			NATIONAL PROPERTY.		·	
Oringinal Disc	ce of Business	Mailing Adidpage	- I	-			
2206 ROOS		Mailing Address 757 SE 17TH ST #1107					
HOLLYWOOD, FL 33020 FORT LAUDERDALE, FL 3331			6				
			02422007	No Chg-P	CD00004 /4	1105)	
Г	OO NOT WRITE	CF	03132007		CR2E034 (1		
_	, , , , , , , , , , , , , , , , , , ,		-	4 FEI Numb 65-083			Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.7	5 Additional
	5. Name and Address of Current Ro	gistered Agent		<u> </u>		ree R	equired
BECKMAN	N AI AN			D O	MOTIN		
2206 ROOSEVELT STREET				DO	NOT W	RITE	
HOLLYWOOD, FL 33020				IN T	THIS SF	ACE	
a. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	rida. I am familia	r with, and accept
the obligat	tions of registered agent.			•			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	d Agent signature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			+ - ·	00 May Be ed to Fees			·
10.	OFFICERS AND DI	RECTORS					
TITLE NAME	D BECKMAN, ALAN						
STREET ADDRESS	2206 ROOSEVELT STREET						
CITY-ST-ZIP	HOLLYWOOD, FL 33020						
TITLE NAME					וממחו	፟ን ያ ື ງໆ "ነገ" "ግን በግን "ግን ነገ" ፡	
STREET ADDRESS					03/27/8)0667996 7-80011-0	25 150.00
CITY-ST-ZIP				فيج والأخوا			es reside
TITLE							
STREET ADDRESS				DΩ	NOT W	DITE	
CITY-ST-ZIP						_	
TITLE NAME				IN T	THIS SP	ACE	
STREET ADDRESS							
CATY-ST-ZIP							
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							

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 cath; 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:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

(954) 494-2472

Daytime Phone #