2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Name ANNA LOGISTICS, INC.	751	{					-	***150.00
Principal Place of Business	Mailing Address		···	7				
8224 NW 30TH TERR.	8224 NW 30TH TERR.							
MIAMI, FL 33122	MIAMI, FL 33122							
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04222004	Chg-P	CR2E034	4 (10/03)	
City & State	City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Numb				plied For
Zip Country	Zip	Countr	у	65-089		<u>\$</u>	8.75 Add	t Applicable
	<u> </u>		<u></u>	5. Certificate	of Status Desired		ee Require	
6. Name and Address of Current	Registered Agent	T	Name	7. Name and	Address of New F	Registered Ag	gent	
RUIZ. ANTON8IO J		Ĺ	Name					
9565 S.W. 165TH TERRACE MIAMI, FL 33157			Street Address	s (P.O. Box Numb	er is Not Acceptable	e)		
					_			
		ľ	City			FL	Zip Cod	e
8. The above named entity submits this statement fo	r the purpose of changing it	s registered	d office or regis	tered agent, or bo	th, in the State of Fl	orida. I am fa	miliar with.	and accept
the obligations of registered agent								
SIGNATURE								
Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requ	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Camp. Trust Fund Cor			5.00 May Be dded to Fees				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND	Trust Fund Cor			dded to Fees	CHANGES TO OFF	FICERS AND D	DIRECTOR	S IN 11
After May 1, 2004 Fee will be \$550.0	Trust Fund Cor	11.		dded to Fees	CHANGES TO OFF		DIRECTORS Change	S IN 11
10. OFFICERS AND NAME RUIZ, ANTONIO J	DIRECTORS Trust Fund Cor	11. TITLE NAME	A	dded to Fees ADDITIONS				
10. OFFICERS AND TITLE PD NAME RUIZ, ANTONIO J STREET ADDRESS 9565 S.W. 165TH TERRACE	DIRECTORS Trust Fund Cor	11. TITLE NAME	A	dded to Fees ADDITIONS				
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustel ampowered 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 otherwise empowered.

SIGNATURE: __

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-28-04 (305 505-4854