


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 050 ***150.00

DOCUMENT # P99000000751 1. Entity Name ANNA LOGISTICS, INC.					
Principal Place of Business 8224 NW 30TH TERR. MIAMI, FL 33122			Mailing Address 8224 NW 30TH TERR. MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box # 16676 SW 85 LN		3. Mailing Address 16676 SW 85 LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-0897526	
Zip 33193		Country DADE		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 RUIZ, ANTONIO J 9565 S.W. 165TH TERRACE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16676 SW 85 LN City MIAMI FL Zip Code 33193		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing... <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RUIZ, ANTONIO J STREET ADDRESS PO BOX 669123 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE PD NAME RUIZ, ANTONIO J STREET ADDRESS 16676 SW 85 LN CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RUIZ, NATALIA STREET ADDRESS 9565 S.W. 165TH TERRACE CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE VD NAME RUIZ, NATALIA STREET ADDRESS 16676 SW 85 LN CITY-ST-ZIP MIAMI FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-27-07 Daytime Phone # _____		

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