

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 8:00 am
Secretary of State

04-12-2006 90088 036 ***150.00

DOCUMENT # P99000065956

1. Entity Name
BUY LOGISTIC INTERNATIONAL, INC.



Principal Place of Business

**2025 NW 102ND AVENUE
SUITE 109
MIAMI, FL 33172**

Mailing Address

**2025 NW 102ND AVENUE
SUITE 109
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE

66016747



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0938841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIERRA, VICTOR H
2025 NW 102 AVENUE
SUITE 109
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIERRA, VICTOR H
STREET ADDRESS 2025 NW 102ND AVENUE, #109
CITY-ST-ZIP MIAMI, FL 33172

TITLE VPD
NAME RINCON, ESTELA
STREET ADDRESS 2025 NW 102ND AVENUE, 109
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/06

Date

(305) 593-2152

Daytime Phone #