

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15649

**Entity Name:** A H LOGISTICS, INC.

**Current Principal Place of Business:**

6844 LINFORD LANE  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6844 LINFORD LANE  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2688442

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIEGO JORGENSEN, MADELINE M  
6844 LINFORD LANE  
JACKSONVILLE, FL 32217 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            JORGENSEN, MADELINE GRIEGO  
Address        5340 OLD KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32254

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MADELINE GRIEGO JORGENSEN

**PRESIDENT**

**03/03/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date