

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000016637

**Entity Name:** FOUR TOWERS LOGISTICS CORP

**Current Principal Place of Business:**

8880 NW 20 STREET  
SUITE M  
DORAL, FL 33172

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC0982196368**

**Current Mailing Address:**

8880 NW 20 STREET  
SUITE M  
DORAL, FL 33172 US

**FEI Number:** 43-2060008

**Certificate of Status Desired:** No

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

TORRES, RUBEN  
8880 NW 20 STREET  
SUITE M  
DORAL, FL 33172 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	P	Title	VP
Name	TORRES, RUBEN R	Name	TORRES, ANA M
Address	8880 NW 20 STREET SUITE M	Address	8880 NW 20 STREET SUITE M
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** RUBEN TORRES

**PRESIDENT**

**02/03/2014**

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

\_\_\_\_\_  
Date