2007 FOR PROFIT CORPORATION ANNUAL REPORT 4

DO NOT WRITE IN THIS SPACE

FILED Mar 21, 2007 08:00 AM Secretary of State

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1. Entity Name

EASTERN INTERNATIONAL FORWARDERS, INC.



Principal Place of Business

Mailing Address

10170 SW 102 AVE. MIAMI, FL 33176 US 10170 SW 102 AVE. MIAMI, FL 33176 US



01042007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-2044937

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANTI, MARGARET 10170 SW 102 AVENUE MIAMI, FL 33176

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8. The above the obligation	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable, (NOTE: Registered	í Ágení signature	required when reinstating)	QATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000674772 03/29/07-80083-007 150.00		
10.	OFFICERS AND DIREC	TORS	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTERO, GEORGIA 10170 SW 102 AVE MIAMI, FL 33176						
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE							

12. I hereby certify that the information supplied with this filling 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 eath; 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

COTERO

14/07 304-439-Ng

Daytma Phone #