

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006526
 1. Entity Name
PHOENIX INTERNATIONAL FREIGHT SERVICES, LTD., INC.



Principal Place of Business
**5401 COLLINS AVENUE, APT. 1216
 MIAMI BEACH, FL 33140**

Mailing Address
**712 N CENTRAL AVE
 ATTN: FINANCIAL REPORTING
 WOOD DALE, IL 60191**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3043555 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, EMIL R 712 N. CENTRAL AVENUE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCINERNEY, JAMES WILLIAM 712 N. CENTRAL AVENUE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMBAUD, STEPHANE 712 N. CENTRAL AVENUE WOOD DALE, IL 60191
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U00000529244
 05/05/06-80068-017 150.00

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: EMIL R SANCHEZ 4/12/06 630-766-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #