


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010106
1. Entity Name
ALLEGIANCE FREIGHT, LLC



Principal Place of Business 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172	Mailing Address 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172
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01272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1876870	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALWANT CHEEMA, PA
4160 WEST 16TH
SUITE 309
HIALEAH, FL 33016-0000

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2005**

1100000206450
02/01/05-80005-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLAN, ROBERTO MGR 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLARENA, CARLOS MGR 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLAN, REBECA MGR 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENA, EVA M MGR 9600 NW 25TH STREET SUITE 4H MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 1-28-05 Daytime Phone #: 786-336-8793