2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90145 041 ***150.00

DOCUMENT # P04000130241 L & M FREIGHT INC. Principal Place of Business Mailing Address 310 NE 1ST AVE 40066760 2847 HOLLYWOOD BOULEVARD 310 NE IST 2047 HOLLYWOOD BOULEVARD HOLLYWOOD, FL-33020 --- US HOLLYWOOD, FL 33020 US HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOLNAI, MICHAEL D 2847 HOLLYWOOD BOULEVARD 310 NE IST AVE. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD; FL 33020 HALLANDALE, FL 33009 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D TITLE Delete TITLE ☐ Change ☐ Addition TOLNAI, MICHAEL D NAME NAME 2847 HOLLYWOOD BOULEVARD 310 NE IST AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020' HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-ZIP VP/D Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 2847 HOLLYWOOD DOULEVARD 310 NE IST AYE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 HALLANDALE, FL 33009 CITY-ST-ZIP CETY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ΠΠF ☐ Change [Addition NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Detete TITLE TITLE Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and their 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.

CITY+ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR