

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000126516

1. Entity Name
DELLA FREIGHT TRANSPORT, INC.



FILED
Sep 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
**462 TAMARIND PARKE LANE
POINCIANA, FL 34758**

Mailing Address
**462 TAMARIND PARKE LANE
POINCIANA, FL 34758**



09122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5653770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, MELODY
462 TAMARIND PARKE LANE
POINCIANA, FL 34758**

**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 _____ (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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	NAME MARTINEZ, JAVOUN O
STREET ADDRESS	462 TAMARIND PARKE LANE	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	VP	NAME MARTINEZ, MELODY
STREET ADDRESS	462 TAMARIND PARKE LANE	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	SEC	NAME MARTINEZ, MELODY
STREET ADDRESS	462 TAMARIND PARKE LANE	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	TRES	NAME MARTINEZ, MELODY
STREET ADDRESS	462 TAMARIND PARKE LANE	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE		NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
STREET ADDRESS		
CITY-ST-ZIP		

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**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-08
Date

Daytime Phone #