


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 473862**  
 1. Entity Name  
**CENTRAL FREIGHT FORWARDING, INC.**



Principal Place of Business      Mailing Address  
**9900 NW25 ST**      **PO BOX 52-6324**  
**SUITE 203**      **MIAMI, FL 33152-6324**  
**MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



03112005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1649001</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  
**ESTRADA, AIDA**  
**9900 NW 25 ST, SUITE 203**  
**MIAMI, FL 33172**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHOMAT, TERESA
STREET ADDRESS	10135 S.W. 14 CT.
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	PD
NAME	ESTRADA, AIDA
STREET ADDRESS	5459 N.W. 72 AVE.
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	D
NAME	GUTIERREZ, MARCO TULIO
STREET ADDRESS	801 S. BAY SHORE DRIVE - BOX 8
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	LOPEZ, GUSTAVO V
STREET ADDRESS	7921 S.W. 40TH ST., STE. 50
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/14/05-80111-025 158.75

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12. 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 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: *Aida Estrada*      4/12/05    305-499-5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **AIDA ESTRADA**      Date      Daytime Phone #