Amended

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 359456

Entity Name

FAITH FREIGHT FORWARDING CORP.

FILED
05 JUN 23 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 23 2005

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
701 NW 7 STREET P.O. BOX 523070 MIAMI FL 33152	PO BOX 523070 P.O. BOX 523070 MIAMI FL 33152

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.: ~~OUR NEW ADDRESS:~~ 2000 NW 97TH AVENUE	Suite, Apt #, etc.: ~~OUR NEW MAILING ADDRESS:~~ P.O. BOX 228150
City & State: MIAMI, FL 33172-2316	City: MIAMI, FL 33122-8150
Zip / Country	Zip / Country

4. FEI Number 59-1300728 — Applied For / Not Applicable

5. Certificate of Status Desired ✓ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAITH,ROBERTO
6701 NW 7 STREET
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) ~~OUR NEW ADDRESS:~~ 2000 NW 97TH AVENUE
MIAMI, FL 33172-2316

City FL 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAITH,ROBERTO 6701 NW 7 STREET SUIET 199 MIAMI FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~OUR NEW ADDRESS:~~ 2000 NW 97TH AVENUE MIAMI, FL 33172-2316 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056732212 06/30/05--01003--008 **183.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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.