

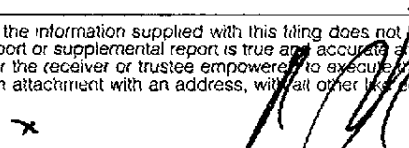
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 359456 1. Entity Name FAITH FREIGHT FORWARDING CORP.					
Principal Place of Business 2000 NW 97TH AVE MIAMI FL 33172-2316			Mailing Address P O BOX 228150 MIAMI FL 33122-8150		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1300728	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAITH, ROBERTO 2000 N W 97TH AVENUE MIAMI FL 33172-2316				Name Street Address (P.O. Box Number is Not Acceptable) 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Add	
NAME	FAITH, ROBERTO		NAME		
STREET ADDRESS	2000 NW 97TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172-2316		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
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TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other less empowered.

SIGNATURE: 

PRESIDNET

02/09/06