2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2007 08:00 AM **DOCUMENT # 359456 Secretary of State** 1. Entity Name FAITH FREIGHT FORWARDING CORP. Principal Place of Business Mailing Address 2000 NW 97TH AVE P O BOX 228150 MIAMI FL 33172-2316 MIAMI FL 33122-8150 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State 4. FEI Number Applied For City & State 59-1300728 Not Applicable Ζip Country Ζiρ 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 FAITH, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 2000 N W 97TH AVENUE MIAMI FL 33172-2316 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 DATE Signature, typed or printed name of registered agent and title / applicable (NOTE, Registered Agent statisture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. \overline{PD} ☐ Change Addition TITLE Delete TITLE FAITH, ROBERTO NAME NAME U00000646727 03/06/07-80045-006 150.00 2000 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33172-2316 CHY-ST-7IP CITY ST ZIP ☐ Change ☐ Addition mu ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP mer Change Addillon Delete NAME OF THE OWNER, MASAT STREE | ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-SI-ZIP ☐ Delete TIME ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITES Delete TITLE ☐ Change T ALC: NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP Delete IIILE ☐ Change Attion. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-71P CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 eath; that I am an officer or director of the corporation or the receiver or trustife employered 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 in laddless, with all other like empowered.

FILED

(786) 464-4300

Daytime Phone #