


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 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



04262004 No Chg-P CR2E034 (10/03)

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

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

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7. 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 if applicable (NOTE: Registered Agent signature required when re/instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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

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 04/28/04-80062-015 158.75

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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)(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.

SIGNATURE: Aida Estrada 4/26/04 305/499-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #