2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 02, 2007 8:00 am **Secretary of State DOCUMENT # 624561** 02-02-2007 90010 027 ***150.00 MALVAR FREIGHT FORWARDING SERVICE, INC. Principal Place of Business Mailing Address 4141 NW 36 AVENUE MIAMI FL 33142 4141 NW 36 AVENUE MIAMI FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1923030 Not Applicable Zip Country 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 MALVAR, VICTOR M. 9864 NW 52ND TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition MALVAR, VICTOR NAME 9864 NW 52 TERRACE STREET ADDRESS STREET ADDRESS DORAL, FL MIAMI LAKÉS FL CITY-ST-7IP CITY-ST-ZIP VNS THE THE Change Addition MALVAR, DIANE NAME NAME 9864 NW 52 TERRACE STREET ADDRESS STREET ADDRESS 33178, Doral, PC. MIAMI LAKES FL CITY ST-7IP CITY-ST-7IP HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST-ZIP HILE Delete HILE Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-Z(P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7(P

FILED