2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90296 014 ***150.00

04/06/0C

Daytime Phone #

DOCUMENT # 667612 1. Entity Name AGENCY INTERNATIONAL FORWARDING, INC.								04-10-2006	90296 0	14 ***15	0.00
Principal Place of Business Mailing Address							1		,, .	• •	
				8500 N.W. 30 TERRACE			•				
				MIAMI, FL 33122 US							
							1 18889 8019 1		I BERNI SIBIL RIS))	
0.0000000	N		1 2	Marilian Address							
2. Principal Place of Business 3.			3. Mailing Address				IIIII IIIIIK UUSI ROIK IIII	(
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04062006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Number 59-2105				oplied For ot Applicable	
Zip		Country		Zip		itry	5. Certificate of	of Status Desired		\$8.75 Add	
6. Name and Address of Current Re			rrent Rec	gistered Agent			7. Name and Address of New Registered Agent				
	V. Huma	, <u> </u>			Name						
LORES, ROBERTO						Street Address (P.O. Box Number is Not Acceptable)					
8500 N.W.			Street Address (P.O. BOX Number	is Not Acceptable	=) 					
MIAMI, FL 33122											
. W					City		ű.	FL	Zip Cod	e	
The share and sails as he shall be shared to the suppose of change					rogietor	<u> </u>				familiar with	and accept
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											
ong-mined, though on the more in advanced advanced more many in dependence. Interface, ingligating ingline angle and include on mined (displaced) Date											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee with be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						ncing \$5.	.00 May Be led to Fees				
10.	OFFICERS AN			L ECTORS		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	P/D			☐ Delete TITLE		E				☐ Change	☐ Addition
NAME	LORES, ROBERTO JR.				NAM						
STREET ADDRESS CITY-ST-ZIP	8500 N.W. 30 TERRACE MIAMI, FL 33122					ET ADDRESS -ST-ZIP					
TITLE	S/D			Delete TITLE						☐ Change	Addition
NAME	LORES, MARIA M			La Delete NAM		1				CT orange	Noonion
STREET ADDRESS	8500 N.W. 30 TERRACE				STRE	ET ADDRESS					
CITY-SI-ZIP	MIAMI, FL 33122				CITY	-ST-ZIP					
TITLE	T/D			☐ Deleta	TITL					Change	Addition
NAME STREET ADDRESS	LORES, ROBERT F 8500 N.W. 30 TERRACE				NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33122					-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
NAME					NAM						
STREET ADDRESS						ET ADDRESS -ST-ZIP					
CITY-ST-ZIP										Channa	Modition
NAME				☐ Delete	TITL					☐ Change	Monition
STREET ADORESS	1					ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete TITLE			== · 			☐ Change	☐ Addition
NAME CIRCI ADDRESO					NAM						
STREET ADDRESS CITY-ST-ZIP	}				ET ADDRESS -ST-ZIP						
	certify that th	e information suppli	y d with this	filing does not qualify to			d in Chapter 119.	Florida Statutes. I	further cert	tify that the in	nformation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report for 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 true are proposed 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 attaching unit an actives, with all other like empowered.											