

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 683158

Entity Name: MAK FREIGHT, INC.

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

10025 NW 116 WAY  
SUITE #2  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10025 NW 116 WAY  
SUITE #2  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 59-2053128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLANCK, ROBERT W ESQ  
5730 SW 74 ST.  
SUITE 700  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HYDE, DAVID M  
Address: 10025 N.W. 116TH WAY, SUITE 2  
City-St-Zip: MEDLEY, FL 33178

Title: VD ( ) Delete  
Name: HYDE, C. KERN  
Address: 10025 N.W. 116TH WAY, SUITE 2  
City-St-Zip: MEDLEY, FL 33178

Title: STD ( ) Delete  
Name: MCNAB, ALFRED  
Address: 10025 N.W. 116TH WAY, SUITE 2  
City-St-Zip: MEDLEY, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED MCNAB

STD

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date