


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003953	
1. Entity Name NATURAL FREIGHT LTD. CORP.	

Principal Place of Business 225 BROADWAY, SUITE 2406 NEW YORK, NY 10007-3001	Mailing Address 8685 N.W. 53RD TERRACE, SUITE 105 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2841864	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKHARDT, WILLY 220 ST. JAKOBSTRASSE, CH-4002 BASEL, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRUB, ALFONS 225 BROADWAY, SUITE 2406 NEW YORK, NY 100073001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREY, ARMIN 225 BROADWAY, SUITE 2406 NEW YORK, NY 100073001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, PETER 2250 EAST DEVON AVE., SUITE 219 DES PLAINES, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREY, ARMIN 225 BROADWAY, SUITE 2406 NEW YORK, NY 100073001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISCHER, RAINER J 225 BROADWAY SUITE 2406 NEW YORK, NY 100073001

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02/16/04-80077-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 2/16/04 (212) 349 5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #