

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 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**



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-2841864**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

(Signature typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BURKHARDT, WILLY  
STREET ADDRESS 220 ST. JAKOBSTRASSE, CH-4002  
CITY-ST-ZIP BASEL, SWITZERLAND,

TITLE VD  
NAME STRUB, ALFONS  
STREET ADDRESS 225 BROADWAY, SUITE 2406  
CITY-ST-ZIP NEW YORK, NY 100073001

TITLE VD  
NAME FREY, ARMIN  
STREET ADDRESS 225 BROADWAY, SUITE 2406  
CITY-ST-ZIP NEW YORK, NY 100073001

TITLE V  
NAME JONES, PETER  
STREET ADDRESS 2250 EAST DEVON AVE., SUITE 219  
CITY-ST-ZIP DES PLAINES, IL

TITLE S  
NAME FREY, ARMIN  
STREET ADDRESS 225 BROADWAY, SUITE 2406  
CITY-ST-ZIP NEW YORK, NY 100073001

TITLE V  
NAME FISCHER, RAINER J  
STREET ADDRESS 225 BROADWAY SUITE 2406  
CITY-ST-ZIP NEW YORK, NY 100073001

1100000247567  
03/01/05-80023-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 11.4 changed or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eter. V.P.*

*02/24/05*

Date

Daytime Phone

*Alfons Strub*