

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003953 1. Entity Name NATURAL FREIGHT LTD. CORP.	
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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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02032006 No Chg-P CR2E034 (11/05)

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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title (if applicable)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

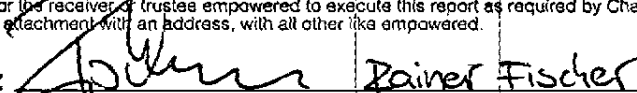
9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

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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02/18/06-80014-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:  **Rainer Fischer**

Date: **2/3/06** Daytime Phone #: **212-3495165**