

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007281

Entity Name: FREIGHT LOGISTICS, INC.

FILED  
Mar 21, 2007  
Secretary of State

**Current Principal Place of Business:**

189 STAUFFER BLVD  
SAN JOSE, CA 95125

**New Principal Place of Business:**

12200 NW 25TH STREET  
SUITE # 105  
MIAMI, FL 33182

**Current Mailing Address:**

189 STAUFFER BLVD  
SAN JOSE, CA 95125

**New Mailing Address:**

12200 NW 25TH STREET  
SUITE # 105  
MIAMI, FL 33182

FEI Number: 77-0576944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE GODOY, GABRIEL  
1433 SAN MARCO AVENUE  
CORAL GABLES, FL 33134 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: CP ( ) Delete  
Name: DE GODOY, GABRIEL  
Address: 1433 SAN MARCO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: DS (X) Delete  
Name: BADER, JEFF  
Address: 189 STAUFFER BLVD  
City-St-Zip: SAN JOSE, CA 95125

Title: D (X) Delete  
Name: RUTT, TROY  
Address: 189 STAUFFER BLVD  
City-St-Zip: SAN JOSE, CA 95125

**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: GABRIEL DE GODOY

CP

03/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date