


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F34253</b>	
1. Entity Name INTERNATIONAL FREIGHT CONSULTANTS INC.	

Principal Place of Business 4995 NW 72 AVE. SUITE 401 MIAMI, FL 33166 US	Mailing Address PO BOX 524221 P.O. BOX 524221 MIAMI, FL 33122 US
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2297120	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SALAZAR, EDUARDO 12730 S.W. 119TH STREET MIAMI, FL 33186
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAZAR, MARIA INES 12730 S.W. 119TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAZAR, EDUARDO 12730 S.W. 119TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA SALAZAR, CAMILO 787 NE 82 TERR MIAMI, FL 33138
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04/27/04-80062-019 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  EDUARDO SALAZAR	04/22/2004	3055913330
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>