

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 25, 2007 8:00 am  
Secretary of State**

04-25-2007 90167 036 \*\*\*150.00

**DOCUMENT # F42775**

1. Entity Name  
TONY QUINTANA FREIGHT FORWARDERS INC.



Principal Place of Business  
1089 SW 135TH PLACE  
MIAMI, FL 33184

Mailing Address

1089 SW 135TH PLACE  
MIAMI, FL 33184

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2216697

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

QUINTANA, ANTONIO CARLOS  
1089 SW 135TH PLACE  
MIAMI, FL 33184

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  Delete  
NAME QUINTANA, ANTONIO CARLOS  
STREET ADDRESS 1089 SW 135 PLACE  
CITY-ST-ZIP MIAMI, FL

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME QUINTANA, CRISTINA  
STREET ADDRESS 1089 SW 135TH PLACE  
CITY-ST-ZIP MIAMI, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO C. QUINTANA  
APR 22, 07 305-2216697

Date

Daytime Phone #