2004 F⊕R-PROFIT CORPORATION

Jan 20, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F96000000355 FREIGHT REVENUE RECOVERY OF MIAMI, INC. Principal Place of Business Mailing Address 13977 SW 140TH ST PO BOX 770875 MIAMI, FL 33186 MIAMI, FL 33177 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2054872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _ _ _ 6. Name and Address of Current Registered Agent DAWSON, RICHARD T DO NOT WRITE 13977 SW 140TH ST MIAMI, FL 33186 IN THIS SPACE 5. The above named entity a ibmits 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DAWSON, RICHARD T NAME 13977 SW 140TH ST STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS CITY-ST-ZIP រារា ៩ NAME STREET ADDRESS CITY-ST-ZP TELE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

TILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED