

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000000355**

1. Entity Name

**FREIGHT REVENUE RECOVERY OF MIAMI, INC.**



Principal Place of Business

**13977 SW 140TH ST  
MIAMI, FL 33186**

Mailing Address

**PO BOX 770875  
MIAMI, FL 33177**



01052006

No Chg-P

CRZE034 (11/05)

4. FEI Number

**59-2054872**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DAWSON, RICHARD T  
13977 SW 140TH ST  
MIAMI, FL 33186**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00**  
CONTRIBUTION

**1100000529578  
05/05/06-80083-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE

PS

NAME

**DAWSON, RICHARD T**

STREET ADDRESS

**13977 SW 140TH ST**

CITY-ST-ZIP

**MIAMI, FL 33186**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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 changed, or on an attachment with an address, with any other line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/2006 305 253 77**