

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048087

FILED
May 08, 2006
Secretary of State

Entity Name: STAR FREIGHT LOGISTICS LLC

Current Principal Place of Business:

P.O.BOX 669068
MIAMI, FL 33166

New Principal Place of Business:

5963 NW 102 AVENUE
DORAL, FL 33178

Current Mailing Address:

P.O.BOX 669068
MIAMI, FL 33166

New Mailing Address:

5963 NW 102 AVENUE
DORAL, FL 33178

FEI Number: 01-0835395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REZENDE, EDIVALDO
5413 NW 111 COURT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

REZENDE, EDIVALDO
5963 NW 102 AVENUE
DORAL, FL 33178 US

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:

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REZENDE, EDIVALDO
Address: P.O.BOX 669068
City-St-Zip: MIAMI, FL 33166

Title: MGRM (X) Delete
Name: BOREGA, VALMIR J
Address: P.O.BOX 669068
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REZENDE, EDIVALDO
Address: 5963 NW 102 AVENUE
City-St-Zip: DORAL, FL 33178

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDIVALDO REZENDE

MGR

05/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date