2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L05000090323

Entity Name: SHOP U.S.A. FREIGHT L.L.C.

Current Principal Place of Business:

3505 NW 153 ST
MIAMI GARDENS, FL 33054

New Principal Place of Business:

4660 NW 133 ST
OPA LOCKA, FL 33054

Current Mailing Address:

13447 SW 291 ST.
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-3453754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON-PLUMMER, JOYCE
13447 SW 291 ST.
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DIXON-PLUMMER, JOYCE
Address: 13447 SW 291 ST.
City-St-Zip: HOMESTEAD, FL 33033

Title: MGMR ( ) Delete
Name: DIXON, KIERON R
Address: 13447 SW 291 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: MGR ( ) Delete
Name: PLUMMER-LLANES, MEISHA-GAIL A
Address: 13447 SW 291 ST
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MEISHA-GAIL A PLUMMER-LLANES MGR 02/09/2007

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