FILED
Apr 12, 2007 8:00 am
Secretary of State
03-20-2007 90143 008 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000096148

1. Entity Name
FREIGHT LOGISTICS GROUP LLC.

Principal Place of Business	Mailing Address
8847 NW 180 TERRACE MIAMI, FL 33018	8847 NW 180 TERRACE MIAMI, FL 33018

30004619

2. Principal Place of Business - No P.O. Box # : 9202 Lost Mill Drive
Suite, Apt. #, etc.:
City & State: Land O' Lakes, FL 34638
Zip: Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5621693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KV CARRIER SERVICES INC
9657 NW SOUTH RIVER DR
SUITE # 6
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, required only when name of registered agent is being changed (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHEVASCO, MONICA A 8847 NW 180 TERRACE MIAMI, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JORGE Chevasco 4032 Pine Ridge Ln Weston, FL 33331.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM. martha chevasco 4032 Pine Ridge Ln Weston, FL 33331.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Apr 06 07 02:46p Freight Logistics Group 9542177756 p.1