

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90153 007 \*\*\*150.00



**DOCUMENT # L06000111011**  
 1. Entity Name  
 O.S.P. FREIGHT SERVICES, LLC

Principal Place of Business: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 WEST PALM BEACH, FL 33411  
 Mailing Address: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 WEST PALM BEACH, FL 33411

60020027



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5942405  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIAZ, OSVALDO J  
 2951 SW 40TH STREET  
 STE 206  
 MIAMI, FL 33155

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: PIETERS, OMAR A STREET ADDRESS: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE: MGRM NAME: DE SUAREZ, ARLENIS J STREET ADDRESS: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE: MGRM NAME: SALCEDO, ARLEMAR F STREET ADDRESS: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE: MGRM NAME: SALCEDO, FRANCI C STREET ADDRESS: 2797 EAGLE ROCK CIR BLDG 1 UNIT #3 CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: Omar A. Suarez STREET ADDRESS: 2797 Eagle Rock Circle Bld 1, Unit 3 CITY-ST-ZIP: West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: Arlenis J. De Suarez STREET ADDRESS: 2797 Eagle Rock Circle Bld 1, Unit 3 CITY-ST-ZIP: West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: Arlemer F. Suarez STREET ADDRESS: 2797 Eagle Rock Circle Bld 1, Unit 3 CITY-ST-ZIP: West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: Francis C. Suarez STREET ADDRESS: 2797 Eagle Rock Circle Bld 1, Unit 3 CITY-ST-ZIP: West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ Date: 3052616251 2/20/07 Daytime Phone # \_\_\_\_\_