


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90004 002 \*\*\*150.00

<b>DOCUMENT # L95806</b>					
1. Entity Name C. J. FREIGHT, INC.					
Principal Place of Business 8234 NW 56TH STREET MIAMI, FL 33126 US		Mailing Address P.O. BOX 524647 MIAMI, FL 33152 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0215518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JORGE, CHARLES 8234 N.W. 56 ST MIAMI, FL 33166			Name <b>GRETA MENA</b> Street Address (P.O. Box Number is Not Acceptable) <b>755 NW. 135 Ct.</b> City <b>MIAMI FL</b> Zip Code <b>33182</b>		
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: <b>GRETA MENA</b> <i>Gmena</i> <b>2/28/08</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENA, GRETA	NAME			
STREET ADDRESS	8234 N.W. 56 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP			
TITLE	DVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JORGE, MARIA	NAME			
STREET ADDRESS	8234 N.W. 56 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP			
TITLE	PDTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JORGE, CHARLES	NAME			
STREET ADDRESS	8234 N.W. 56 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>GRETA MENA</b> <i>Gmena</i>		Date: <b>2/28/08</b>		Daytime Phone #: <b>786-412-5190</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

