

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY -8 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02202007 Chg-P CR2E034 (12/06)

DOCUMENT # L97129			
1. Entry Name WPJA INTERNATIONAL FREIGHT SYSTEMS INC			
Principal Place of Business 4424 NW 74TH AVENUE MIAMI, FL 33166		Mailing Address 4424 NW 74TH AVENUE MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 8472 NW 72nd Street		3. Mailing Address 8472 NW 72nd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166		Zip 33166	
Country USA		Country USA	
4. FEI Number 65-0283007		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIGOTT, WINSTON 4424 NW 74TH AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: DORIE G. LATTI, Esq. Street Address (P.O. Box Number is Not Acceptable): 746 NE 3rd Ave. City: FT. LAUDERDALE FL Zip Code: 33304	
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: 2/20/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	C PIGOTT, WINSTON 10800 SW 160 STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carter Gordon 8472 NW 72nd Street MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIGOTT, KIM-MARIE 10800 SW 160TH STREET MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dornette Gordon 8472 NW 72nd Street MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIGOTT, PAUL 10800 SW 160 STREET MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N Natalie Gordon 8472 NW 72nd Street MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

overpayment in 2006  
5/1/06 90335 033 1500

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/07 954-534-3385  
Date Daytime Phone #