
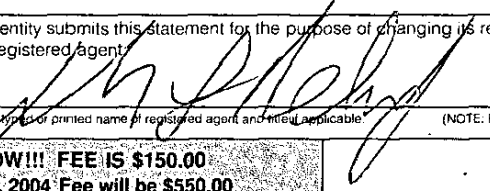


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90724 004 ***150.00

DOCUMENT # P00000000152			
1. Entity Name FREIGHT TAXI, INC.			
Principal Place of Business 12297 NORTHWEST 1ST STREET PLANTATION FL 33325		Mailing Address 12297 NORTHWEST 1ST STREET PLANTATION FL 33325	
2. Principal Place of Business 3445 Coquina Terrace		3. Mailing Address P.O. BOX 501078	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc.	
City & State Malabar, FL.		City & State MALABAR, FL.	
Zip 32950		Zip 32950	
Country USA		Country USA	
4. FEI Number 65-0970044		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELMS, JOSEPH L JR 12297 NORTHWEST 1ST STREET PLANTATION FL 33325		7. Name and Address of New Registered Agent Name Nelms, Joseph L JR Street Address (P.O. Box Number is Not Acceptable) 3445 Coquina Terrace City Malabar FL Zip Code 32950	
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  <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	PTD NELMS, JOSEPH L JR. 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Nelms, Joseph L JR. 3445 Coquina Terrace Malabar, FL. 32950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELMS, KELLY J 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P Nelms, Kelly J. 3445 Coquina Terrace Malabar, FL. 32950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NODAL, MARGARITA 930 E 14 PLACE HIALEAH FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nelms, Kelly J. 3445 Coquina Terrace Malabar, FL. 32950 <input type="checkbox"/> Change <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #