

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                             |                                                                                   |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000032412</b><br>1. Entity Name<br><b>NATION-WIDE FREIGHT SYSTEMS INC.</b> |  |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>21134 FALLS RIDGE WAY<br>BOCA RATON, FL 33432 | <b>Mailing Address</b><br>21134 FALLS RIDGE WAY<br>BOCA RATON, FL 33432 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

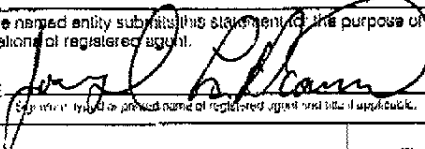
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FBI Number<br>22-3727514 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                   |
|----------------------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|----------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LABIANCA, JOSEPH<br>21134 FALLS RIDGE WAY<br>BOCA RATON, FL 33432 |
|---------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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  3/27/04  
(Signature must be printed name of registered agent and how it applies. (NOT: Registered Agent required when filing.) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

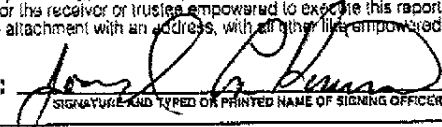
9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

000000098770  
03/29/04-80055-005 158.75

| 10. OFFICERS AND DIRECTORS                         |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>LABIANCA, JOSEPH<br>21134 FALLS RIDGE WAY<br>BOCA RATON, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

**DO NOT WRITE  
IN THIS SPACE**

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:  3/27/04 561578-9747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer Print ID