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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032412

1. Entity Name
NATION-WIDE FREIGHT SYSTEMS INC.

Principal Place of Business	Mailing Address
21134 FALLS RIDGE WAY BOCA RATON, FL 33432	21134 FALLS RIDGE WAY BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3727514

Applied For
Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABIANCA, JOSEPH
21134 FALLS RIDGE WAY
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 _____ DATE 3/27/04
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing)

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	P
NAME	LABIANCA, JOSEPH
STREET ADDRESS	21134 FALLS RIDGE WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 3/27/04 561 558-9747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #