


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91233 046 \*\*\*150.00

<b>DOCUMENT # P00000075876</b> 1. Entity Name <b>A &amp; B RENTERIA FREIGHT, INC.</b>					
Principal Place of Business <b>14232 SW 148 CT. MIAMI, FL 33196</b>			Mailing Address <b>14232 SW 148 CT. STE 8 MIAMI, FL 33196</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>14232 SW 148 CT</b> Suite, Apt. #, etc.		
City & State Zip			City & State <b>Miami FL</b> Zip <b>33196</b>		
Country			Country		
4. FEI Number <b>65-1030606</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RENTERIA, ALEXANDER 244 NW 11TH AVE STE 8 MIAMI, FL 33128</b>			7. Name and Address of New Registered Agent Name <b>Renteria Alexander</b> Street Address (P.O. Box Number is Not Acceptable) <b>14232 SW 148 CT</b> City <b>Miami</b>		
State <b>FL</b>			Zip Code <b>33196</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENTERIA, ALEXANDER 14232 SW 148 CT. MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENTERIA, R. BETTY 14232 SW 148 CT. MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u><i>Renteria Betty Renteria</i></u> <b>4/30/04</b> <b>305-278-9805</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					