**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 09, 2003 8:00 am Secretary of State P00000096631 DOCUMENT # 04-09-2003 90176 005 \*\*\*150.00 1. Entity Name DAILY FREIGHT INTERNATIONAK SERVICES, INC. Principal Place of Business Mailing Address 1941 NW 97TH AVENUE 1941 NW 97TH AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1046793 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALINDO. MARIO Street Address (P.O. Box Number is Not Acceptable) 1941 NW 97TH AVENUE MIAMI FL 33172 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE GALINDO, MARIO NAME NAME 1941 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP CITY-ST-7IP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME Galindo, Maria NAME 1941 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP MIAMI FL 33172~~ ~ CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

changed, or on an attachment with an ac-

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