


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000112619 1. Entity Name NEW GENERATION FREIGHT CORP.	
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FILED
04 JUN 18 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9060 N.W. 190TH STREET MIAMI, FL 33018	Mailing Address 9060 N.W. 190TH STREET MIAMI, FL 33018
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2. Principal Place of Business 3500 NW 114 St <small>Suite, Apt. #, etc.</small>	3. Mailing Address 3500 NW 114 St <small>Suite, Apt. #, etc.</small>
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06172004 Chg-P CR2E034 (10/03)

City & State Miami, Florida	City & State Miami, Florida		
Zip 33167	Country USA	Zip 33107	Country USA

4. FEI Number 65-1060562	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVAREZ, RODOLFO- 9060 N.W. 190TH STREET MIAMI, FL 33018
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7. Name and Address of New Registered Agent Name MARISOL ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 9060 NW 190th St City Miami FL 33018
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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: *Marisol Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE: 06-17-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME ALVAREZ, RODOLFO STREET ADDRESS 9060 N.W. 190TH STREET CITY-ST-ZIP MIAMI, FL 33018	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARISOL ALVAREZ 9060 NW 190th St Miami, FL 33018
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"/> Change <input type="checkbox"/> Addition 200038355742 06/28/04--01054--008 **150.00
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"/> 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: *Marisol Alvarez* (NOTE: Signature and typed name of signing officer or director) DATE: 06-17-04 DAYTIME PHONE # _____