


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90019 003 \*\*\*150.00

**DOCUMENT # P00000112619**  
 1. Entity Name  
**NEW GENERATION FREIGHT CORP.**



Principal Place of Business      Mailing Address  
 3500 NW 114 ST      3500 NW 114 ST  
 MIAMI, FL 33167      MIAMI, FL 33167

**40009949**

2. Principal Place of Business      3. Mailing Address  
**3500 NW 114 ST.**      **3500 NW 114 ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01212005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Miami, FL.**      **Miami, FL.**  
 Zip      Country      Zip      Country  
**33167**      **Dade**      **33167**      **Dade**

4. FEI Number      Applied For  
**65-1060562**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
~~ALVAREZ, MARISOL~~  
 9060 N.W. 190TH STREET  
 MIAMI, FL 33018

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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: *Marisol Alvarez*      *Marisol Alvarez*      *President*      *01-28-2005*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, RODOLFO	
STREET ADDRESS	9060 N.W. 190TH STREET	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARISOL	
STREET ADDRESS	9060 N.W. 190TH STREET	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*      *Marisol Alvarez*      *01-28-05*      *(786)367-8401*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #