


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02012006    No Chg-P    CR2E034 (11/05)

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

100000420927  
 02/16/06-80016-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ALVAREZ, RODOLFO
STREET ADDRESS	9060 N.W. 190TH STREET
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	PST
NAME	ALVAREZ, MARISOL
STREET ADDRESS	9060 N.W. 190TH STREET
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*      02-02-06 786.367-4268  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #