

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000010245

1. Entity Name

GENERAL FREIGHT CARRIER, CORPORATION



FILED

04 JUN -3 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business

641 NE 139 ST.  
N. MIAMI FL 33161

Mailing Address

PO BOX 35  
N. MIAMI FL 33261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAREDES, JOSE ALFREDO M  
641 NE 139 ST.  
N. MIAMI FL 33161

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME MEJIA, JOSE A SR  
STREET ADDRESS 145 NW 33 ST.  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME COLOVAR, MELISSA  
STREET ADDRESS 145 NW 33 ST.  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MAGONAN, ROSA  
STREET ADDRESS 145 NW 33 ST.  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jose A Paredes

6-01-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Reinstating Return 3

May 31, 2004

Ms. Kathy Cave  
Dept. of Corporations  
Tallahassee, Fl.

Dear Ms. Cave,

I want to inform you that I just received the Corporation Renewal Package.

I am mailing it to your attention as we agreed, and I thank you very much for taking the time to hear my complaint about not receiving my package on time and acting very quickly to send me one.

Sincerely ,

  
Jose Paredes