


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90298 008 \*\*\*150.00

**DOCUMENT # P01000028408**

1. Entity Name  
**ALPHA FREIGHT & TRANSPORT INTERNATIONAL, INC.**



Principal Place of Business  
**7058 NW 77TH CT**  
**100**  
**MIAMI, FL 33166**

Mailing Address  
**7058 NW 77TH CT**  
**100**  
**MIAMI, FL 33166**

**14012393**

2. Principal Place of Business  
**2930 NW 108th Ave**

3. Mailing Address  
**2930 N.W. 108th Ave**



Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**

City, State  
**MIAMI, FL**

4. FEI Number  
**65-1087276**

Applied For  
 Not Applicable

Zip  
**33172** Country  
**USA**

Zip  
**33172** Country  
**USA**

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

**MARTINEZ, VILMA I**  
**5731 NW 114TH PATH**  
**MIAMI, FL 33178**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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 **AHUMADA, LUIS F**

STREET ADDRESS **8124 NW 163RD CT**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **P**  Delete

NAME **MARTINEZ, VILMA I**

STREET ADDRESS **4608 NW 114TH AVENUE #109**

CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **PLS**  Change  Addition

NAME **Martinez, Vilma**

STREET ADDRESS **5731 NW 114th Path # 114**

CITY-ST-ZIP **MIAMI, FL 33178** **President**

TITLE **T**  Delete

NAME **MARTINEZ, HECTOR R**

STREET ADDRESS **4608 NW 114TH AVENUE #1109**

CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **T**  Change  Addition

NAME **Martinez, Hector R**

STREET ADDRESS **5731 NW 114th Path # 114**

CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **S**  Delete

NAME **MARTINEZ, HECTOR**

STREET ADDRESS **5731 NW 114TH PATH UNIT 114**

CITY-ST-ZIP **SULLIVAN, WI 53178**

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

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: *Vilma Martinez* **vilma Martinez** **4/27/04** **305.463.8303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #