

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061102 1. Entity Name MEDLEY FREIGHT LINES, INC.	
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Principal Place of Business 1712 SOUTHWEST 99TH PLACE MIAMI, FL 33165	Mailing Address 1712 SOUTHWEST 99TH PLACE MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1113423	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SHERAR, CRAIG Z
2701 SOUTH BAYSHORE DRIVE STE 605
MIAMI, FL 33133**

**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.

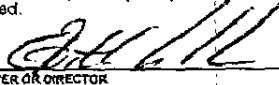
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	000000530048 05/05/06-80099-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ESTEBAN 1712 SOUTHWEST 99TH PLACE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: ESTEBAN ACOSTA 	4/18/06	(305) 888-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #