2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AN
Secretary of State

7314144	N. W. T. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
DOCUMENT # P01000 1. Entity Name MEDLEY FREIGHT LINES, INC		を記し
Principal Place of Business 1712 SOUTHWEST 99TH PLACE MIAMI, FL 33165	Mailing Address 1712 SOUTHWEST 99TH PLACE MIAMI, FL 33165	-
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01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1113423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHERAR, CRAIG Z DO NOT WRITE 2701 SOUTH BAYSHORE DRIVE STE 605 MIAMI, FL 33133 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE ACOSTA, ESTEBAN NAME STREET ADDRESS 1712 SOUTHWEST 99TH PLACE CITY - ST - ZIP MIAMI, FL 33165 HILE U00000585278 01/16/07-80005-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/07 (305)888-171

Daytime Phone #