2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **B**

Feb 02, 2004 8:00 am Secretary of State 02-02-2004 90044 029 ***150.00 **DOCUMENT # P01000091996** MIAMI FREIGHT TRUCKING, INC. 44000066 Principal Place of Business Mailing Address 570 EAST 55 STREET 570 EAST 55 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1139054 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GACITA, ADRIAN **570 EAST 55 STREET** HIALEAH, FL 33013 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 familia the obligations of registered agent. OM Dres (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete Addition Tresident Change TITLE TITLE Baldomero Rancano, RANCANO, MERCEDES NAME NAME 570 Rast 55 Street Hialean, FL 33013 STREET ADDRESS 570 EAST 55 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33013 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change M Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #