2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-\$1-ZIP

FILED Jul 19, 2006 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				Jul 19, 2000 00:00		
DOCUN	MENT # P010000919]		Secretary of Sta	
1. Entity Name MIAMI FREIGHT TRUCKING, INC.						
(VIII/A)VII I I A	LIGHT INCOMING, INC.					
Principal Place	of Business	Mailing Address				
570 EAST 55 HIALEAH, FL		570 EAST 55 STREET HIALEAH, FL 33013				-
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!		07122006	No Chg-P	CR2E034 (11/05)		
D	CE	4. FEI Numb	· · · · · · · · · · · · · · · · · · ·	- — Applied For		
		65-113		Not Applicable		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent				
ROMERO,	ZULEYVY		DO	NOT W	RITE	
570 E 55 ST. HIALEAH, FL 33013					THIS SF	
·			IN	і піз эг	ACE	
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 21 LEW ROMEN Vice Bresident 7/12/06						
SIGNATURE_	Signature, typed or printed name of registered agent an		d Agent signature require	d when reinstating)	/	DATE
FIL	E NOWIII FEE IS \$550.00	9. Election Campaign Final	ncing \$5	.00 May Be		
	e by September 6, 2006	Trust Fund Contribution.		led to Fees		
10.	OFFICERS AND D	IRECTORS			· ·························	
TITLE NAME	P RANCANO, BALDOMERO		1			
STREET ADDRESS	570 E 55 ST.					
CITY-ST-ZIP	HIALEAH, FL 33013				U0000	n571203
TITLE NAME	V ROMERO, ZULEYVY				07/19/06	0571203 -80007-010 550.00
STREET ADDRESS	570 E 55 ST.		1		02/02/06	90082 027 \$150.00
CITY-ST-ZIP	HIALEAH, FL 33013		-			
TITLE NAME			Ĭ			
STREET ADDRESS				DO	NOT W	/RITE
CITY-ST-ZIP			4			
TITLE NAME	•		1	IN	THIS SI	PACE
STREET ADDRESS						
CITY-ST-ZIP TITLE			1			
NAME						•
STREET ADDRESS						
CITY-ST-ZIP						
NAME			1			
STREET ADDRESS			1			

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.

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TED NAME OF SIGNING OFFICER OR DIRECTOR