


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P01000098302 1. Entity Name FOX FREIGHT FORWARDERS, INC. |  |
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|---|---|
| Principal Place of Business 3727 NW 52 ST MIAMI, FL 33142 | Mailing Address 3727 NW 52 ST MIAMI, FL 33142 |
|---|---|

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-1145470 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BOUE, MARIA J
3727 NW 52 ST
MIAMI, FL 33142

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOUE, MARIA J 5313 COLLINS AVE #1005 MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUGUES, MARIA S 5313 COLLINS AVE #606 MIAMI BEACH, FL 33140 |
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02/02/04-80064-003 150.00

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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: MARIA HUGUES Jan 30/04 305/635-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #