

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90299 041 ***150.00

DOCUMENT # P01000098302

1. Entity Name
FOX FREIGHT FORWARDERS, INC.



Principal Place of Business

**3727 NW 52 ST
OFFICE B
MIAMI, FL 33142**

Mailing Address

**3727 NW 52 ST
OFFICE B
MIAMI, FL 33142**

50011634

2. Principal Place of Business

**5313 COLLINS AVE
STE 606**

3. Mailing Address

**5313 COLLINS AVE
STE 606**



04062006

Chg-P

CR2E034 (11/05)

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1145470

Applied For

Not Applicable

Zip

33140

Country

Zip

33140

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUGUES, MARIA S
3727 NW 52 ST
OFFICE B
MIAMI, FL 33142**

7. Name and Address of New Registered Agent

Name **MARIA S. HUGUES**

Street Address (P.O. Box Number is Not Acceptable)

5313 COLLINS AVE

STE 606

City **Miami Beach**

FL

Zip Code

33140

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)

DATE

4-10-06

**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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOUE, MARIA J**
STREET ADDRESS **5313 COLLINS AVE #1005**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ Delete
NAME **HUGUES, MARIA S**
STREET ADDRESS **5313 COLLINS AVE #606**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA S. HUGUES

4/10/06 786 282 1049

Date

Daytime Phone #