**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

DOCUMENT # P01000107294								Jan 28, 2005 08:00 AM Secretary of State						
Entity Name     NF TRANSPORT, INC.				. <b>*</b>				Secreta	ary of	State	•			
	.O. O													
Principal Place of Business				Mailing Address			†							
2400 NORTHWEST 54TH STREET			2400 NORTHWEST 54TH STREET			}								
TAMARACI	rl 33309		I AN	1ARAC FL 33309										
2 Proportion E	Noon of Rusia	2000	Mailing Address											
2. Principal Place of Business				alling Address			<u>                                     </u>		1 <b>12210</b>   11 <b>012</b>   1277	<b>311/19</b> )				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			·	19	t MOORE	CR2E034	4 (10/04)				
City & State			City & State			<u> </u>	4. FEI Numb	oer 01 1506 45	<u> </u>		Applied For			
Zip	71- County					31-1596479 Not Applicat  5. Certificate of Status Desired Fee Required  \$8.75 Additional Fee Required								
zip	Country		Zip Coui		illy									
6. Name and Address of Current F				ed Agent		Name	7. Name and	d Address of New	Registered	Agent				
SPIEGEL & UTRERA, P.A.									<del></del>					
1840 SW 22ND ST.						Street Address (P.O. Box Number is Not Acceptable)								
4TH FLOOR MIAMI FL 33145											<u> ,                                   </u>			
				. 6		City		,	FL	Zip Co	de			
		y submits this statement for	the purp	pose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with	n, and accep-			
the obligations of registered agent.														
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd tille if ap	plicable (NOTE	Registere	d Agent signature required	when reinstating)		DATE					
		!! FEE IS \$150.00					<del>- · · ·</del>	9. Election Camp	naion Financ	ing \$5	5.00 May Be			
		05 Fee Will Be \$550.00 o Florida Department of	State					Trust Fund Co			ded to Fees			
10.	t i djabio ti	OFFICERS AND I		DRS	11.	<u> </u>	ADDITIONS	/CHANGES IN CA	HICERSIANI	D DIRECTO	RS IN 11			
TITLE	PSTD			☐ Delete	HTO			U1728705-8						
NAME STREET ADORESS	FACEA, N 2400 NOR	ICOLAE THWEST 54TH STREET	NAME STREE			ELI ADDRESS								
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STREET ADDRESS						P.Z. SPRODA 13								
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STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS ·ST-ZIP								
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NAME STREET ADDRESS					NAME STREE	F PRODATSS								
CIT ST-ZIP					4	-S1-ZIP					<u> 1.51                                   </u>			
12. I hereby of indicated	ertify that the	e information supplied with to supplemental report is	this filing	does not qualify for accurate and that m	the exer	mption stated in Secure shall have the	ction 119.07(3)( same legal effec	(i), Florida Statutes. It as if made under	I further cer oath: that I	tify that the am an office	information er or director			
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 afformatike empowered.														
1/2/10< illow or rated														
SIGNAT	UKE: _	7 7 7		SIGNATURE: 1/2/03 NICOLAE PACEN										

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**