


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000022772	
1. Entity Name AMAZING FREIGHT, INC.	

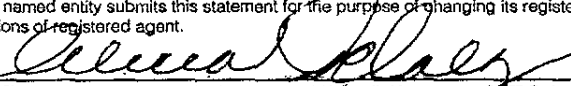
Principal Place of Business 7105 NW 53RD TERRACE MIAMI, FL 33166	Mailing Address 7105 NW 53RD TERRACE MIAMI, FL 33166
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09062005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3018035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

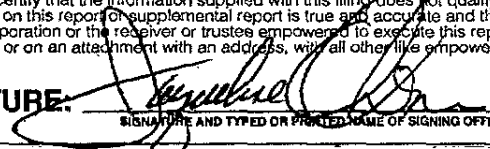
6. Name and Address of Current Registered Agent PELAEZ, ALICIA 7105 NW 53RD TERRACE MIAMI, FL 33166

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 	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANchez, JULIE ANN 372 NE 98TH ST. MIAMI SHORES, FL 331382410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELAEZ, ALICIA 11114 SW 125TH AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBANA, JACQUELINE 2911 SW 36TH CT. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000377970
03/08/05-80004-001 158.75

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: 	9/04/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>