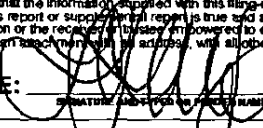


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000022772		
1. Entity Name AMAZING FREIGHT, INC.		
Principal Place of Business 8579 NW 72ND ST. MIAMI, FL 33166-2829		Mailing Address 8579 NW 72ND ST. MIAMI, FL 33166-2829
2. Principal Place of Business 7105 NW 53RD TERR		3. Mailing Address 7105 NW 53RD TERR
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33166	Country DADE	Zip 33166
Country DADE		4. FEI Number 75-3018035
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent SANCHEZ, JULIE ANN 372 NE 98TH ST. MIAMI SHORES, FL 33138-2410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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 _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agents/secretaries required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D ☐ Delete	
NAME	SANCHEZ, JULIE ANN	
STREET ADDRESS	372 NE 98TH ST.	
CITY-ST-ZIP	MIAMI SHORES, FL 33138-2410	
TITLE	D ☐ Delete	
NAME	PELAEZ, ALICIA	
STREET ADDRESS	11114 SW 125TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D ☐ Delete	
NAME	OBANA, JACQUELINE	
STREET ADDRESS	2911 SW 36TH CT.	
CITY-ST-ZIP	MIAMI, FL 33133	
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		
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 registered trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached page, or address, with all other like empowered.		
SIGNATURE:  (JULIE A. SANCHEZ) 4/30/03 305.863.4200		
SIGNATURE (Typed or Printed Name of Signing Officer or Director) _____ Date _____ Daytime Phone # _____		

CPREC034 (11/02)