FILED
May 04, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000039557

1. Entity Name
ALFA & OMEGA FREIGHT, INC.

Principal Place of Business
531 SW 168 WAY
WESTON, FL 33326

Mailing Address
531 SW 168 WAY
WESTON, FL 33326

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 42-1533270 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUALES, MARIA C
531 SW 168 WAY
WESTON, FL 33326

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RUALES, MARIA C	
STREET ADDRESS	531 SW 168 WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VPD	☐ Delete
NAME	CRUZ, OLIVERIO L	
STREET ADDRESS	5709 NW 190 STREET	
CITY-ST-ZIP	HIALEAH, FL 33015	
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

U00000155656
05/05/04-80046-006 150.00

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition, six blocks, blank)

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 C. Ruales - Maria C Ruales 04-28-04 (954)3896846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President