

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 02, 2009  
Secretary of State**

DOCUMENT# P02000053414

Entity Name: FREIGHT MASTER OVERSEAS, INC

**Current Principal Place of Business:**

8177 NW 67TH ST.  
MIAMI, FL 33166

**New Principal Place of Business:**

570 WEST 20 ST  
HIALEAH, FL 33010

**Current Mailing Address:**

8177 NW 67TH ST.  
MIAMI, FL 33166

**New Mailing Address:**

570 WEST 20 ST  
HIALEAH, FL 33010

FEI Number: 73-1631255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALVAREZ, CLARA S ACC  
1531 NW 31ST AVENUE  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMPERSAD, PREMCHAN  
Address: 15621 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33194

Title: VD ( ) Delete  
Name: RAMPERSAD, SHAFFINA  
Address: 15621 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33194

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAFFINA RAMPERSAD

VD

12/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date