2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Zin

Suite, Apt: #, etc.

Delete

Delete

Delete

☐ Delete

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DOCUMENT # P030000 97 125

Country

171 S

PL 33015

FILE NOW!!! FEE IS \$150.00

After May 1; 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable;

OFFICERS AND DIRECTORS

NIA

the obligations of registered agent.

6. Name and Address of Current Registered Agent

JoHudi

Principal Place of Business

7857 NW 1715 Hinlenh FL 33015

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Freight, Inc

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90390 012 ***150.00 7857 NW 171 S Hiplean FC 33015 94077639 MOORE CR2E034 (11/03) 4. FEI Number Applied For 56-2392240 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Change T Addition Toege H-DM3; NAME STREET ADDRESS 7857 NW 17151 CITY-ST-ZIP Husleph FL 23015 ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE ☐ Change NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

MLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition