


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90254 005 ***158.75

DOCUMENT # P03000148245 1. Entity Name MC FREIGHT INTERNATIONAL, INC.			
Principal Place of Business 14841 NE 20TH AVENUE NORTH MIAMI, FL 33181		Mailing Address 14841 NE 20TH AVENUE NORTH MIAMI, FL 33181	
2. Principal Place of Business 3420 N.E. 2nd Ave		3. Mailing Address 3420 N.E. 2nd Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Oakland Park, FL		City & State Oakland Park, FL	
Zip 33334		Zip 33334	
Country U.S.A		Country U.S.A	
4. FEI Number 76-0752717		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 BLAIN-CHAVANNES, JESSIE 234 NW 166TH TERRACE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Raphael Pierre Street Address (P.O. Box Number is Not Acceptable) 104-77 SW 108 AVE APT # B120 City Miami FL Zip Code 33176	
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 <u><i>Raphael Pierre</i></u> DATE <u><i>April 17th, 2005</i></u> <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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVANNES, ANDRE 9033 NW 44TH COURT CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAVANNES, THOMAS 9033 NW 44TH COURT CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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: <u><i>Andre Chavannes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>April 17th, 2005</i></u> <u><i>954-295-4149</i></u> <small>Date Daytime Phone #</small>	

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