2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148245

Entity Name: MC EDEIGHT INTERNATIO

CHAVANNES, ANDRE

CORAL SPRINGS, FL 33065

9033 NW 44 COURT

Name:

Address:

City-St-Zip:

FILED Apr 15, 2006 Secretary of State

Entity Name: MC FREIGHT INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3420 NE 2ND AVENUE FORT LAUDERDALE, FL 33334 **Current Mailing Address: New Mailing Address:** 3420 NE 2ND AVENUE FORT LAUDERDALE, FL 33334 FEI Number: 76-0752717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, RAPHAEL 104-77 ŚW 108 AVENUE APT #B120 MIAMI, FL 33176 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDO () Delete Title: () Change () Addition CHAVANNES, THOMAS Name: Name: 144-45 FARMERS BLVD Address: Address: City-St-Zip: JAMAICA, NY 11434 City-St-Zip: Title: VM Title: () Delete () Change () Addition Name: PIERRE, RAPHAEL Name: 104-77 SW 108 AVE Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: OC () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAPHAEL PIERRE VM 04/15/2006