

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151268

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ALL AMERICAN FREIGHT SERVICES INC.

## Current Principal Place of Business:

16231 SW 282 ST.  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

16231 SW 282 ST.  
HOMESTEAD, FL 33033

## New Mailing Address:

FEI Number: 20-0602330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARRERO, CARLOS  
16231 SW 282 ST.  
HOMESTEAD, FL 33033 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARRERO, CARLOS  
Address: 16231 SW 282 ST.  
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: MARRERO, CARLOS JR.  
Address: 16231 SW 282 ST.  
City-St-Zip: HOMESTEAD, FL 33033

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.

SIGNATURE: CARLOS MARRERO

D

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date