


2005 FOR PROFIT CORPORATION ANNUAL REPORT

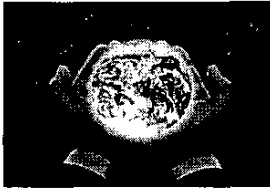
FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90108 021 ***150.00

DOCUMENT # P04000053675 1. Entity Name JRM FREIGHT CONSULTANTS, INC.					
Principal Place of Business 14388 SW 96 LN MIAMI, FL 33186			Mailing Address 14388 SW 96 LN MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1023797	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALBANES, JUAN 14388 SW 96 LN MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P ALBANES, JUAN 14388 SW 96 LN MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: JUAN ALBANES					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date JUL 21 05 Daytime Phone # 305-735-4715					

ATTACHMENT

20065530



JRM Freight Consultants
14388 Sw 96 Ln
Miami 8 FL, 33186

HEREBY WE CERTIFY, that we never received the forms for the Annual report for year 2004 and on this base, we request from you to please waive the penalty for late filing. Enclosed you will find a complete form with ~~check~~ payable to your order for \$ 150.00

Corporation Name JRM Freight Consultants, INC
Document Number Po4000053675

Thanks

Sincerely Yours

Juan Albanes
President

Sworn to and subscribed before me this 21 day of July, 2005

Notary Public

Joelynn Lendor



Joelynn Lendor
My Commission D0328909
Expires June 18, 2008