2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000082875

1. Entity Name
UNIVERSAL FREIGHT, INC.

Principal Place of Business	Mailing Address
4315 NW 7 STREET #51 MIAMI, FL 33126	4315 NW 7 STREET #51 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

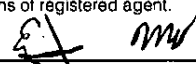01252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2978498	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, ERIC W
15962 NW 79 CT
MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE 2/20/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000840962
03/07/08-80014-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALES, ERIC W
STREET ADDRESS	15962 NW 79 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Eric Morales _____ 2/20/08 _____ 305 817 8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #