

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000123646
1. Entity Name
MIAMI TECH FREIGHT SERVICES, INC.



Principal Place of Business Mailing Address
8460 NW 30TH TERR **PO BOX 52-0676**
MIAMI, FL 33166 **MIAMI, FL 33152-0676**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

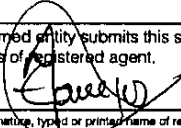
4. FEI Number
20-3445303 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROMERO, TOMAS
4788 NW 103RD CT
MIAMI, FL 33178

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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:  DATE: **1-5-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROMERO, TOMAS
STREET ADDRESS	4788 NW 103RD CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	RODRIGUEZ, AMASVIDO
STREET ADDRESS	3611 SW 138TH AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TR
NAME	CARRILLO, TERESA
STREET ADDRESS	5480 NW 175TH ST
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	SEC
NAME	MONTENEGRO, ROSA N
STREET ADDRESS	43 NW 108TH CT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80015-002 150.00

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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:  DATE: **1-5-07** DAYTIME PHONE #: **(305) 593 8205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #