


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90038 016 ***150.00

DOCUMENT # P05000131607	
1. Entity Name MHINLAND FREIGHT, CORP.	

Principal Place of Business 4431 NW 16TH STREET 103 H LAUDERHILL, FL 33313	Mailing Address 4431 NW 16TH STREET 103 H LAUDERHILL, FL 33313
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2. Principal Place of Business - No P.O. Box # 2608 PEACH CIRCLE	3. Mailing Address 2608 PEACH CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH PORT FL	City & State NORTH PORT FL
Zip 34289	Country
Zip 34289	Country

20007635



03102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3517800	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MEHU, HENOC 4431 NW 167TH ST, APT 103 H LAUDERHILL, FL 33313	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2608 PEACH CIRCLE	
City NORTH PORT	FL Zip Code 34289

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEHU, HENOC 4431 NW 16TH STREET, APT 103 H LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2608 PEACH CIRCLE NORTH PORT, FL 34289
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 03/15/07 Daytime Phone #: 941-623-2474