2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 17, 2008 8:00 am Secretary of State **DOCUMENT # P05000132119** 1. Entity Name 03-17-2008 90015 042 ***158.75 J & D FREIGHT, INC Principal Place of Business Mailing Address 1701 WEST 42 PL # 38 1701 WEST 42 PL # 38 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-3540271 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMAS; JHOEL 1701 WEST 42 PL # 38 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 FL 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent expecture required when renstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1) 11. TITLE Defete TITUE Secretary Addition Garcia, Odalys NAME ARMAS, JHOEL NAME 1701 WEST 42 PL # 38 STREET ADDRESS STREET ADDRESS 1701 W CITY-ST-7P HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ De⊧ete TITLE ☐ Change ☐ Addition NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME CONTRACT ADDRESS STHEETADURESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE . Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Addition STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED