2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90169 045 ***150.00 DOCUMENT # P05000147507 1. Entity Name C & D FREIGHT INC 4000000 Principal Place of Business Mailing Address 8420 SW 133TH AVENUE RD 8420 SW 133TH AVENUE RD #411 #411 MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address 6324 SW 127 PL 6324 SW 127 PL Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number MIAMI, FL. MIAMI, FL. Not Applicable 20-3736454 Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33183 33183 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ·Name RAMIREZ, ANGEL M RAMIREZ, ANGEL M. Street Address (P.O. Box Number is Not Acceptable) 8420 SW 133TH AVENUE RD #411 MIAMI, FL 33183 6324 SW 127 PL City MIAMI ^{Zi}33183 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. 04/25/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of a distored agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **XX** Delete XX Change TITLE TITLE ☐ Addition RAMIREZ, MIGUEL A NAME NAME RAMIREZ, ANGEL M STREET ADDRESS 8420 SW 133TH AVENUE RD #411 STREET ADDRESS 6324 SW 127 PL CITY-ST-ZIP MIAMI,, FL 33183 CITY-ST-ZIP MIAMI, FL. 33183 TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

04/25/06

Date

(786) 586-3951

Daytime Phone #

FILED