## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000065715

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUPERIOR FREIGHT SYSTEMS, INC

(X) Delete

ALVAREZ, ILÈÁNA

HIALEAH, FL 33012 US

335 W 62 ST

FILED Apr 23, 2007 Secretary of State

That is a second of the second						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
17521 NW HIALEAH, F		US	2193 W. 73 HIALEAH, I	RD STREET FL 33016	r US	
Current Mailing Address:			New Mailii	New Mailing Address:		
17521 NW HIALEAH, F		US	2193 W. 73 HIALEAH, I	RD STREET FL 33016	r US	
FEI Number:	20-4849608	FEI Number Applied For ( )	El Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
HOADLEY, 17521 NW HIALEAH, F	61 CT N	US				
The above in the State		submits this statement for the purp	oose of changing it	s registered	office or registered agent, or both,	
SIGNATUR						
	Electro	nic Signature of Registered Agent		Date		
Election Cam	paign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( HOADLEY, BR 17521 NW 61 HIALEAH, FL	CTN	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( HOADLEY, AN 17521 NW 61 HIALEAH, FL	CTN	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( ALVAREZ, GE 335 W 62 ST HIALEAH, FL		Title: Name: Address: City-St-Zip:	VP ( OSCAR, HER 335 W. 62ND HIALEAH, FL	STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN HOADLEY P 04/23/2007

() Change () Addition