


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000012577 1. Entity Name GENERAL COMMODITY FREIGHTLINES, INC.									
Principal Place of Business 1000 NE 211TH TERRACE NORTH MIAMI BEACH, FL 33179		Mailing Address 1000 NE 211TH TERRACE NORTH MIAMI BEACH, FL 33179							
6. Name and Address of Current Registered Agent SUCRE, RAPHAEL 1000 NE 211TH TERRACE NORTH MIAMI BEACH, FL 33179		<div style="text-align: right;"> 04122005 No Chg-P CR2E034 (10/03) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> 4. FEI Number 65-0480179 </td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0480179	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS									
TITLE	NAME	<div style="font-family: monospace; font-size: 1.2em;"> U00000316094 04/19/05-80061-005 150.00 </div>							
STREET ADDRESS	STREET ADDRESS								
CITY - ST - ZIP	CITY - ST - ZIP								
TITLE	NAME								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Raphael Sucre</u> RAPHAEL SUCRE		<div style="display: flex; justify-content: space-between;"> <u>4/15/05</u> <u>305-770-1852</u> </div>							