

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000052065 1. Entity Name FREIGHT MANAGEMENT CORPORATION	
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Principal Place of Business 8459 NW 66 ST MIAMI, FL 33166	Mailing Address 8459 NW 66 ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0515009	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, DEBRA M
420 S DIXIE HWY
SUITE 4B
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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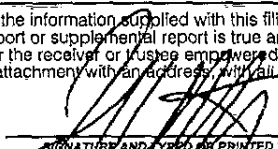
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JOSEPH C 8459 NW 66 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NATALINO, RANDY 8459 NW 66 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ROBERTS, PENNY, 8459 NW 66TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, MICHAEL A 7777 SW 114TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINO, PHILIP 8459 NW 66TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000327810
04/25/05-20050-023 150.00

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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)(f), 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:  **JOSEPH C. ROBERTS** **4-21-05** **305-592-1986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #