

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000052065

1. Entity Name

FREIGHT MANAGEMENT CORPORATION



Principal Place of Business

**8459 NW 66 ST
MIAMI, FL 33166**

Mailing Address

**8459 NW 66 ST
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTS, JOSEPH C
STREET ADDRESS 8459 NW 66 ST
CITY-ST-ZIP MIAMI, FL

TITLE VPD
NAME NATALINO, RANDY
STREET ADDRESS 8459 NW 66 ST
CITY-ST-ZIP MIAMI, FL

TITLE TDS
NAME ROBERTS, PENNY,
STREET ADDRESS 8459 NW 66TH ST
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME RUBIN, MICHAEL A
STREET ADDRESS 7777 SW 114TH ST
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME VALENTINO, PHILIP
STREET ADDRESS 8459 NW 66TH ST
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000522133
05/03/06-80018-007 150.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

Date

305-592-8966

Daytime Phone #