2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P94000052065

1. Entity Name
FREIGHT MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
8459 NW 66 ST MIAMI, FL 33166	8459 NW 66 ST MIAMI, FL 33166

04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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05/01/07-80038-001 150.00

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: Joseph C. Roberts 4/16/07 305-592-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #