

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074402

1. Entity Name
DAILY FREIGHT CARGO, CORP.



Principal Place of Business
**8538 N.W. 70 STREET
MIAMI, FL 33166**

Mailing Address

**8538 N.W. 70 STREET
MIAMI, FL 33166**

**FILED
Apr 25, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0603501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ESTELLER, PEDRO DAVID
8535 N.W. 70 STREET
MIAMI, FL 33166**

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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 reinstating)

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 **P**
NAME **ESTELLER, PEDRO DAVID**
STREET ADDRESS **1251 SW 125 AVE., #T-205**
CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE **S**
NAME **DE VICENZO, TERESA**
STREET ADDRESS **15499 MIAMI LAKE WAY N APT 101**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04/20/07

305 4777080 Ext 109

Date

Daytime Phone #

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IN THIS SPACE**

**000000731841
05/09/07-80020-022-150.00**

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