


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000016294 1. Entity Name ALLSTATES FREIGHT LINK, INC.	
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Principal Place of Business 9050 PINES BLVD STE 335 PEMBROKE PINES, FL 33024 US	Mailing Address 9050 PINES BLVD STE 335 PEMBROKE PINES, FL 33024 US
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0573586	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LORA, RAUL 3601 SW 144TH AVE MIRAMAR, FL 33027

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LORA, JOSE 9050 PINES BLVD., SUITE 335 PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LORA, RAUL A. 9050 PINES BLVD., SUITE 335 PEMBROKE PINES, FL 33024
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 03/18/04-80023-014 150.00

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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)(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 another like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/15/04	Daytime Phone # 954-443-5330
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