


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 017 ***150.00

DOCUMENT # P96000014238					
1. Entity Name LASER INTERNATIONAL FREIGHT TRANSPORT, CORP.					
Principal Place of Business 3212 NORTH WEST NORTH RIVER DRIVE MIAMI, FL 33142			Mailing Address 3212 NORTH WEST NORTH RIVER DRIVE MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0648528	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GABINO, MERCEDES 12745 SOUTH WEST 119TH TERRACE MIAMI, FL 33186					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GABINO, MERCEDES 12745 S.W. 119TH TERR. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GABINO, SANTIAGO 12745 S.W. 119TH TERR. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
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 all other like empowered.					
SIGNATURE: _____ 4-27-05 305-633-4274					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					