

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90442 043 \*\*\*150.00

DOCUMENT # P96000042066 *OK*

1. Entity Name  
TRI-STAR FREIGHT FORWARDING CORP.



Principal Place of Business  
8774 SW 8 ST.  
MIAMI, FL 33174 US

Mailing Address  
8774 SW 8 ST.  
MIAMI, FL 33174 US

00016132

2. Principal Place of Business  
7270 NW 35 TERR.  
Suite, Apt. #, etc. 201

3. Mailing Address  
SAME AS PLACE  
OF BUSINESS.

City & State  
MIAMI FL

City & State

Zip 33122 Country USA

Zip Country



01162006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0671802

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOYCE  
8774 SW 8 ST.  
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name *Joyce Rodriguez*

Street Address (P.O. Box Number is Not Acceptable)  
7270 N.W. 35 Terrace #201

City *Miami* FL Zip Code *33122*

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]* (NOTE: Registered Agent signature required when reinstating)

DATE *4/21/06*

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOYCE C 8774 SW 8 ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERLANGA, OSCAR 8774 SW 8 ST. MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joyce Rodriguez* *4/21/06* *305 5991626*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #