

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083496

1. Entity Name
MANRAY EXPRESS FREIGHT SYSTEMS, INC.



Principal Place of Business
1895 IXORA ROAD
NORTH MIAMI, FL 33181

Mailing Address
1895 IXORA ROAD
NORTH MIAMI, FL 33181

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0702704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMER, ROBERT E JR
1895 IXORA ROAD
NORTH MIAMI, FL 33181

**DO NOT WRITE
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)

U00000955659
07/18/08-80006-023 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMER, ROBERT E JR.
STREET ADDRESS	1895 IXORA ROAD
CITY - ST - ZIP	NORTH MIAMI, FL 33181

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7/6/08

Date

305-893-8200

Daytime Phone #