


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 04, 2005 8:00 am  
Secretary of State

07-08-2005 90020 024 \*\*\*150.00  
08-04-2005 90003 005 \*\*\*400.00

DOCUMENT # P97000085892		
1. Entity Name POWERTRANS FREIGHT SYSTEMS, INC.		

Principal Place of Business 2801 N.W. 74TH AVE. #226 MIAMI, FL 33122 US	Mailing Address 3435 WILSHIRE BLVD. #920 LOS ANGELES, CA 90010 US
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2. Principal Place of Business 2801 N.W. 74th Ave.	3. Mailing Address 2801 N.W. 74th Ave.
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206

City & State Miami, FL	City & State Miami, FL
Zip 33122	Country US

6. Name and Address of Current Registered Agent LEE, SUNG J 2801 N.W. 74TH AVE. #226 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) # 206 City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SUNG J 1515 WEST 178TH ST GARDENA, CA 90248 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  7/1/05 310-354-0044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #