


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 007 ***150.00

DOCUMENT # P98000014926			
1. Entity Name FOREIGN FREIGHT SYSTEMS CORP.			
Principal Place of Business 4458 NW 74TH AVENUE MIAMI, FL 33166		Mailing Address 4458 NW 74TH AVENUE MIAMI, FL 33166	
2. Principal Place of Business 10250 NW 89th AVENUE		3. Mailing Address 10250 NW 89th AVENUE	
Suite, Apt. #, etc. BAY 10		Suite, Apt. #, etc. BAY 10	
City & State MEDLEY, FL		City & State MEDLEY, FL	
Zip 33178	Country DADR	Zip 33178	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIESES, JUAN W 7904 N.W. 66 STREET MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIESES, JUAN W 7904 N.W. 66 STREET MIAMI, FL 33166 <input 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 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: <u>Juan W. Mises</u>		Date: <u>4/29/04</u> (305) 885-1797	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

