2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90039 018 ***150.00

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1. Entity Name
ACTION FREIGHT & LOGISTICS, USA, INC.

Principal Place of Business	Mailing Address
415 PABLO AVE. SUITE 102 JACKSONVILLE BEACH, FL 32250	415 PABLO AVE. SUITE 102 JACKSONVILLE BEACH, FL 32250

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
340 3rd AVE. S.	340 3rd AVE. S.
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: JACKSONVILLE BCH, FL	City & State: JACKSONVILLE BCH, FL
Zip: 32250 Country: DUVAL	Zip: 32250 Country: DUVAL

4. FEI Number: 59-3505468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPLAN, HOWARD A 3900 ATLANTIC BLVD JACKSONVILLE, FL 32207	Name: CAPLAN, HOWARD A. Street Address (P.O. Box Number is Not Acceptable): 6260 DUPONT STATION COURT SUITE C City: JACKSONVILLE FL Zip Code: 32217

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: HOWARD A. CAPLAN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PSTD DORTWEGT, JOOST 415 PABLO AVE STE 102 JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DORTWEGT, JOOST 340 3rd AVE. S. SUITE C JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAPLAN, HOWARD 3900 ATLANTIC BLVD JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT YORDAN, JASMINE 340 3rd. AVE.S. SUITE C JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PERREIRA, ANGELO 415 PABLO AVE STE 102 JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FERREIRA, ANGELO 340 3rd. AVE, S. SUITE C JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MALL, PATRICIA 340 3rd AVE. S. SUITE C JACKSONVILLE BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Jasmine Yordan JASMINE YORDAN 2/9/04 904-242-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #