

FROM : CASTILLO & ASSOCIATES INC.

PHONE NO. : 3056493403

FILED  
May 21, 2004 8:00 am  
Secretary of State

04-26-2004 91005 049 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**DOCUMENT # P98000043583**

1. Entity Name  
**DELTA FREIGHT, INC.**

Principal Place of Business  
**9135 NW 96TH STREET  
MIAMI, FL 33178**

Mailing Address  
**P.O. BOX 126481  
DALEAH, FL 33012**

2. Principal Type of Business  
State, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
State, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**65-0803647**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOGANTES, ANABELLE  
9135 NW 96TH STREET  
MEDLEY, FL 33178**

7. Name and Address of New Registered Agent  
Name: **PASTOR MORENO, S.F.**  
Street Address (P.O. Box Number is Not Authorized): **9135 NW 96th**  
City: **Medley** State: **FL** Zip Code: **33178**

8. The filer certifies that the filer has submitted 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, the registered agent.

SIGNATURE: *[Signature]* DATE: **5-13-04**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input checked="" type="checkbox"/> Check	<b>ROGANTES, ANABELLE</b>	<b>9135 NW 96TH STREET</b>	<b>MEDLEY, FL 33178</b>
<input type="checkbox"/> Delete	<b>MORENO, PASTOR</b>	<b>9135 NW 96TH STREET</b>	<b>MEDLEY, FL 33178</b>
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President</b>	<b>9135 NW 96th</b>	<b>Medley FL 33178</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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 110.07(3)(b), 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, the manager or trustee, empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, with all other like shareholders.

SIGNATURE: *[Signature]* DATE: **5-13-04 (30r) 883-0611**

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04232004 Chg-P (CR2E034 (10/03))