

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91146 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000043583

1. Entity Name

DELTA FREIGHT, INC.



Principal Place of Business

915 NW. 96TH. STREET
 MIAMI, FL., 33178

Mailing Address

P.O. BOX 126481
 MIAMI, FL., 33012



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-08003647

Added Fee

No. Applicable

Zip

Country

Zip

Country

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

BOGANTES, ANABELLE
 915 NW. 96TH. STREET
 MEDLEY, FL., 33178

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 agents.

ANABELLE BOGANTES
 PRESIDENT

4/25/03

SIGNATURE

Consent to change name of registered agent and title if applicable

(If (C) Registered Agent signature required when replacing)

DATE

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P. BOGANTES, ANABELLE	915 NW. 96TH. STREET	MEDLEY, FL., 33178	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	✓ MORENO J. PASTOR	915 NW. 96TH. STREET	MEDLEY, FL., 33178	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: X

ANABELLE BOGANTES
 PRESIDENT

4/25/03 (305) 883-0611

SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #