

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90052 023 \*\*\*150.00

**DOCUMENT # P99000012093**

1. Entity Name  
**ON TIME FREIGHT SYSTEM CORP.**



Principal Place of Business  
**5483 NW 72ND AVE  
MIAMI FL 33166**

Mailing Address  
**5483 NW 72ND AVE  
MIAMI FL 33166**



2. Principal Place of Business - No P.O. Box #  
**3705 N.W. 115 AVENUE**

Suite, Apt. #, etc.  
**SUITE # 8**

City & State  
**DORAL, FLORIDA**

Zip  
**33178**

Country  
**U.S.A.**

3. Mailing Address  
**3705 N.W. 115 AVENUE**

Suite, Apt. #, etc.  
**SUITE # 8**

City & State  
**DORAL, FLORIDA**

Zip  
**33178**

Country  
**U.S.A.**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**FERRARO, OSVALDO**  
**5483 NW 72ND AVE**  
**MIAMI FL 33166**

4. FEI Number **65-0896082** Applied For  Not Applicable

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

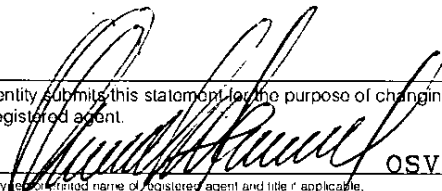
7. Name and Address of New Registered Agent

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  **OSVALDO A. FERRARO** **04/09/2007** DATE

Signature, by registered name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FERRARO, OSVALDO A 10105 COSTA DEL SOL BLVD MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **OSVALDO A. FERRARO** **04/09/2007** **(305) 599-9664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #