

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000035188

1. Entity Name
VALU FREIGHT CONSOLIDATORS, INC.



Principal Place of Business

1325 N.W. 21ST ST
MIAMI, FL 33142

Mailing Address

1325 N.W. 21ST ST
MIAMI, FL 33142

FILED

07 SEP 19 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1091455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEBER RASKIN, KATHLEEN M
9990 S.W. 77 AVE., #311
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, BARRY 1325 N.W. 21ST ST MIAMI, FL 33142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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800109658558
09/19/07--01044--018 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07
Date

305-325-8090
Daytime Phone #