

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047466

FILED
Mar 21, 2007
Secretary of State

Entity Name: CONSOLIDATED FREIGHT & SHIPPING, INC.

Current Principal Place of Business:

10025 NW 116 WAY-SUITE #14
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10025 NW 116 WAY-SUITE #14
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 65-0916696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, PAUL A
10025 NW 116 WAY-SUITE #14
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

RAHN, THOMAS
10025 NW 116 WAY-SUITE #14
MEDLEY, FL 33178 US

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.

SIGNATURE: THOMAS RAHN

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: LEVY, PAUL A MR.
Address: 10025 NW 116 WAY-SUITE #14
City-St-Zip: MEDLEY, FL 33178 US

Title: D () Delete
Name: SANGUINETTI, ERALDO MR.
Address: 7354 NW 49 COURT
City-St-Zip: LAUDERHILL, FL 33319 US

Title: DP () Delete
Name: RAHN, THOMAS MR.
Address: 10025 N.W. 116 WAY #14
City-St-Zip: MEDLEY, FL 33178 US

Title: D () Delete
Name: DUHANEY-BRYCE, HELEN M MS
Address: 10025 NW 116 WY #14
City-St-Zip: MEDLEY, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEVY, CHRISTOPHER MR.
Address: CONTENT, MCCOOK'S PEN
City-St-Zip: ST. CATHERINE, JAMAICA, JA CONTENT JA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: RAHN, THOMAS MR.
Address: 10025 N.W. 116 WAY #14
City-St-Zip: MEDLEY, FL 33178 US

Title: D (X) Change () Addition
Name: LEVY, ROBERT MR.
Address: CONTENT, MCCOOK'S PEN
City-St-Zip: ST. CATHERINE, JAMAICA, JA CONTENT JA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS RAHN

DPS

03/21/2007

Electronic Signature of Signing Officer or Director

Date