2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# S04186

Entity Name: MIAMI FREIGHT & SHIPPING COMPANY

Current Principal Place of Business:

7790 N.W. 46TH STREET
UNIT 18
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7790 N.W. 46TH STREET
UNIT 18
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-1679158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD.
301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSTON, CHARLES H
Address: C/O 7790 NW 46 STREET
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: JOHNSTON, DAVID
Address: C/O 7790 NW 46 STREET
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: JOHNSTON, MAREK
Address: C/O 7790 NW 46 STREET
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: KENNEDY, MARJORY
Address: C/O 7790 NW 46 STREET
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete
Name: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BLVD, #301
City-St-Zip: MIAMI, FL 33134

Title: VPA ( ) Delete
Name: KEENE, JULIANA
Address: C/O 7790 NW 46 STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIANA KEENE VPA 02/13/2009
Electronic Signature of Signing Officer or Director Date