

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03561

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: COMBINED FORWARDING, INC.

**Current Principal Place of Business:**

1275 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550486  
FORT LAUDERDALE, FL 33355 US

**New Mailing Address:**

FEI Number: 65-0313010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CLIVE  
14700 HIGHLAND SPRINGS CT  
FORT LAUDERDALE, FL 33325 US

**Name and Address of New Registered Agent:**

SMITH, CLIVE  
14700 HIGHLAND SPRINGS CT  
DAVIE, FL 33325 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SMITH, CLIVE  
Address: 14700 HIGHLAND SPRINGS COURT  
City-St-Zip: DAVIE, FL

Title: D ( ) Delete  
Name: ANDHA, MOHAMMED  
Address: 1275 SAWGRASS CORP. PKWY.  
City-St-Zip: FORT LAUDERDALE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SMITH, CLIVE  
Address: 14700 HIGHLAND SPRINGS COURT  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change ( ) Addition  
Name: ANDHA, MOHAMMED  
Address: 4835 NW 96 AVE  
City-St-Zip: SUNRISE, FL 33351

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: CLIVE SMITH

VD

04/29/2008

Electronic Signature of Signing Officer or Director

Date