

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 037 ***150.00

DOCUMENT # V40216 1. Entity Name U.S. INTERNATIONAL FORWARDING AGENCY, INC.				DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 10680 N.W. 37th AVENUE Suite, Apt. #, etc.		3. Mailing Address 10680 N.W. 37th AVENUE Suite, Apt. #, etc.				
City & State MIAMI, FL Zip 33178 Country USA		City & State MIAMI, FL Zip 33178 Country USA				
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-0348841 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of Current Registered Agent Name JAMIL MOUAWAD Street Address (P.O. Box Number is Not Acceptable) 10680 N.W. 37th AVENUE City MIAMI FL Zip Code 33178		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	D			TITLE	DO NOT WRITE IN THIS SPACE	
NAME	JAMIL MOUAWAD			NAME		
STREET ADDRESS	10680 N.W. 37th AVENUE			STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33178			CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE				TITLE		
NAME				NAME		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04-17-03 (305) 599-1323 Date Daytime Phone #		