


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000006028
 1. Entity Name
KAMINO INTERNATIONAL TRANSPORT, INC.



Principal Place of Business: **10813 NW 30TH ST, STE 100, MIAMI, FL 33172**
 Mailing Address: **145 AVE & HOOK CREEK BLVD, VALLEY STREAM, NY 11581**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)
 4. FEI Number: **22-2121823** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
APPLEGATE, ROY
10813 NW 30TH STREET
STE 100
MIAMI, FL 33172

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: _____ DATE: _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD KRETSCHMER, KLAUS 145TH AVE HOOK CREEK BLVD VALLEY STREAM, NY 11581
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 07/12/04-80029-022 550.00
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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)(f), 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: *Klaus Kretscher* **KLAUS KRETSCHMER** PRESIDENT 7/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____