

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000053239	
Entity Name KJ INTERNATIONAL TRANSPORT, INC.	

Principal Place of Business 2131 S.W. 59TH AVE HOLLYWOOD, FL 33023	Mailing Address 2131 S.W. 59TH AVE HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1025875	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOSE, PINO 2131 SW 59TH AVENUE HOLLYWOOD, FL 33023	DO NOT WRITE IN THIS SPACE
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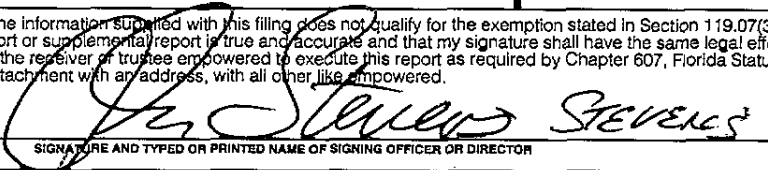
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000054451 02/16/04-80172-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINO, JOSE 2131 SW 59TH AVE. HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, RAYMOND 2131 SW 59TH AVENUE HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM STEVENS, JOHN 2131 SW 59TH AVENUE HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/4/04	954-214-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #