


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90009 029 ***150.00

DOCUMENT # P05000096666					
1. Entity Name KOOL TRANSPORT INC					
Principal Place of Business 12931 SW 50TH STREET MIAMI, FL 33175 US		Mailing Address 12931 SW 50TH STREET MIAMI, FL 33175 US			
2. Principal Place of Business - No P.O. Box # <i>3511 SW 112 COURT</i>		3. Mailing Address <i>3511 SW 112 COURT</i>			
Suite, Apt. #, etc:		Suite, Apt. #, etc.			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number 20-2832954	
Zip <i>33165</i>		Country <i>Dade</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, JORGE 12931 SW 50TH STREET MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: <i>Jorge Martinez</i> Street Address (P.O./Box Number is Not Acceptable): <i>3511 SW 112 COURT</i> City: <i>Miami</i> FL Zip Code: <i>33165</i>		
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: <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: <i>1/18/08</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JORGE		NAME	<i>Martinez, Jorge</i>	
STREET ADDRESS	12931 SW 50TH STREET		STREET ADDRESS	<i>3511 SW 112 COURT</i>	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	<i>Miami, FL 33165</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <i>1/18/08</i>	
				Daytime Phone #	