

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35651

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: KOG TRANSPORT, INC.

**Current Principal Place of Business:**

299 BROADWAY  
SUITE 1815  
NEW YORK, NY 10007

**New Principal Place of Business:**

**Current Mailing Address:**

299 BROADWAY  
SUITE 1815  
NEW YORK, NY 10007

**New Mailing Address:**

FEI Number: 13-3076261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOURDES KRAUSE C/O KOG TRANSPORT INC.  
2153 NW 79TH AVENUE  
MIAMI, FL 33122 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: OSMERS, JUERGEN  
Address: 2 EAST END AVE, PH-C  
City-St-Zip: NEW YORK, NY 10021

Title: C ( ) Delete  
Name: OSMERS, JUERGEN,  
Address: 2 EAST END AVENUE, PH-C  
City-St-Zip: NEW YORK, NY 10021

Title: D ( ) Delete  
Name: GROSSKOPF, HANS,  
Address: UERDINGER STRASSE 56  
City-St-Zip: GERMANY,

Title: D ( ) Delete  
Name: GUBLER, ROLF,  
Address: ALPENSTRASSE 11  
City-St-Zip: SWITZERLAND,

Title: S ( ) Delete  
Name: D'ABREO, COLIN  
Address: 299 BROADWAY  
City-St-Zip: NEW YORK, NY 10007

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUERGEN OSMERS

DIRE

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date