

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039631

**Entity Name:** KWW TRANSPORTATION, INC.

**Current Principal Place of Business:**

C/O GOODRICH, LLC,525 OKEECHOBEE BOULEVARD  
SUITE 1000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O GOODRICH, LLC,525 OKEECHOBEE BOULEVARD  
SUITE 1000  
WEST PALM BEACH, FL 33401

**FEI Number:** 06-1579393

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PSD  
Name WATKINS, KRISTINA W  
Address C/OGOODRICH,525 OKEECHOBEE  
BLVD., STE1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title AS  
Name MARZILLI, JOSEPH  
Address C/OGOODRICH,525 OKEECHOBEE  
BLVD.,STE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

Title T  
Name WYNNE, JENNIFER  
Address C/O GOODRICH, LLC,525  
OKEECHOBEE BOULEVARD  
SUITE 1000  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH MARZILLI

**ASSISTANT SECRETARY** 04/09/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date