

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105760

FILED
Jan 15, 2007
Secretary of State

Entity Name: KINGDOM GLOBAL LOGISTICS "LLC,"

Current Principal Place of Business:

9187 FONTAINEBLEAU BLVD
SUITE 5
MIAMI, FL 33172

New Principal Place of Business:

3645 SE 5TH CT
CAPE CORAL, FL 33904

Current Mailing Address:

9187 FONTAINEBLEAU BLVD
SUITE 5
MIAMI, FL 33172

New Mailing Address:

3645 SE 5TH CT
CAPE CORAL, FL 33904

FEI Number: 56-2540454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDONA, CLAUDIA
9187 FONTAINEBLEAU BLVD
SUITE 5
MIAMI, FL, FL 33172 US

Name and Address of New Registered Agent:

CARDONA, CLAUDIA P
3645 SE 5TH CT
CAPE CORAL, FL 33904 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: CLAUDIA P CARDONA

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BETANCUR, CARLOS M
Address: 9187 FONTAINEBLEAU BLVD #5
City-St-Zip: MIAMI,, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BETANCUR, CARLOS M
Address: 3645 SE 5TH CT
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Change (X) Addition
Name: CARDONA, CLAUDIA P
Address: 3645 SE 5TH CT
City-St-Zip: CAPE CORAL, FL 33904

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS M BETANCUR

MGRM

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date