


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M86404 1. Entity Name K.M.C. TRANSPORT CORP.	
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Principal Place of Business %MARIO GRAU 12610 NE 1 AVE MIAMI, FL 33161	Mailing Address %MARIO GRAU 12610 NE 1 AVE MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0055998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAU, MARIO 12610 NE 1 AVE N MIAMI, FL 33161	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAU, MARIO 12610 NE 1 AVE N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAU, MARIA I. 12610 NE 1 AVE N MIAMI, FL
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07/29/05-80001-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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: *Mario Grau* 7-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #