

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90025 037 \*\*\*158.75

<b>DOCUMENT # P00000053239</b> 1. Entity Name <b>SKJ INTERNATIONAL TRANSPORT, INC.</b>					
Principal Place of Business <b>10458 W MCNAB RD TAMARAC, FL 33321</b>			Mailing Address <b>PO BOX 16988 PLANTATION, FL 33318</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1025875</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANCO, JAMES H 7795 SW 6TH ST PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>George Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>7795 SW 6 Street</b> City <b>Plantation</b> <b>FL</b> <b>33324</b>	
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 <u><i>George Allen</i></u> <b>APR 18 2008</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DONNELLY, KEVIN</b> <b>7795 SW. 6TH ST.</b> <b>FORT LAUDERDALE, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Edward Collwell</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>BRIGANTE, ANGELO</b> <b>7795 SW. 6TH ST.</b> <b>FORT LAUDERDALE, FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>George Allen</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>O'REILLY, PATRICK</b> <b>10458 WEST MCNAB RD</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>George Allen</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Kevin Tyson</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Kevin Tyson</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Kevin Tyson</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Kevin Tyson</b> <b>7795 SW 6 Street</b> <b>Plantation, FL. 33324</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kevin Donnelly</i></u> <b>5/5/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					