2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State

DOCUMENT # P00000111524 1. Entity Name KOUNTRYWIDE TRANSPORT, INC.						Secret	ary oi Si
Principal Place 8053 NW 64 MIAMI, FL 33	ST			N 8310 8310 8310 8310 83		B 1880 (1890) 1841	
D	OO NOT WRITE I	CE	04272007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-1059608 Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Regi			5. Certificati	OI Status Desired	Fee F	Required
IGLESIAS, JORGE 8053 NW 64 ST MIAMI, FL 33166			DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agenture required when remetating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			·	5.00 May Be Ided to Fees		·	
10. OFFICERS AND DIRECTORS		Ĭ			······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, JORGE 3471 SW 143RD PLACE MIAMI, FL 33175						
TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME			DO NOT WRITE IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. Thereby 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 an officer like empowered.

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPE OF THE BUILD NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Daytime Phone #

000000756488

05/23/07-80032-016 150.0