


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90403 049 ***150.00

DOCUMENT # P00000111524

1. Entity Name
KOUNTRYWIDE TRANSPORT, INC.



Principal Place of Business
**8053 NW 64 ST
MIAMI, FL 33166**

Mailing Address
**8053 NW 64 ST
MIAMI, FL 33166**

2. Principal Place of Business - No P.O. Box #
6405 NW 36TH ST

Suite, Apt. #, etc.
SUITE #232

City & State
MIAMI, FL

Zip
33166

Country
MIAMI-DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



04222008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1059608

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, JORGE
8053 NW 64 ST
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, JORGE 3471 SW 143RD PLACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, title or other like empowered.

SIGNATURE:  **4/24/08**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

NEW ADDRESSES

Form **8822**
(Rev December 2006)

Department of the Treasury
Internal Revenue Service

ATTACHMENT
Change of Address

▶ Please type or print.

▶ See instructions. ▶ Do not attach this form to your return.

OMB No. 1545-1163

Part I **Complete This Part To Change Your Home Mailing Address**

Check all boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

Part II **Complete This Part To Change Your Business Mailing Address or Business Location**

Check all boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)
9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc)
10 ☒ Business location

11a Business name

11b Employer identification number

Kountrywide Transport, Inc.

65-1059608

12 Old mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

8053 NW 64 St

Miami

FL 33166

13 New mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

6405 NW 36 St. (SUITE # 222)

Miami

FL 33166

14 New business location (no., street, city or town, state, & ZIP code). If a foreign address, see instructions.

Room or suite no.

6405 NW 36 St.

Miami

FL 33166

Part III **Signature**

Daytime telephone number of person to contact (optional)

Sign
Here

☒ Your signature

3/11/08
Date

☐ If Part II completed, signature of owner, officer, or representative
01/01/08
Date

☐ If joint return, spouse's signature

Date

President
Title