

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE #222**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip  
**33166**

Country  
**MIAMI-DADE**

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

7. Name and Address of New Registered Agent

IGLESIAS, JORGE  
8053 NW 64 ST  
MIAMI, FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
NAME IGLESIAS, JORGE  
STREET ADDRESS 3471 SW 143RD PLACE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Divine Print #

**8822**

(Rev December 2006)

Department of the Treasury  
Internal Revenue Service**ATTACHMENT****Change of Address**

OMB No. 1545-1163

► Please type or print.

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

**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, &amp; 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, &amp; 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, &amp; 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

01/01/08

Date

If Part II completed, signature of owner, officer, or representative

► If joint return, spouse's signature

Date

► President  
Title