

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059179

Entity Name: KLS CARGO CORPORATION

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

10913 NW 30 ST STE 107  
DORAL, FL 33172

## New Principal Place of Business:

652 NE 63 ST  
404  
MIAMI, FL 33138

## Current Mailing Address:

8900 N.W. 35TH LANE  
SUITE 140  
MIAMI, FL 33172

## New Mailing Address:

652 NE 63 ST  
404  
MIAMI, FL 33138

FEI Number: 65-1110763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZITO, AIDA G  
8900 NW 35 LANE  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

SILVIA, VITALE G  
8900 NW 35 LANE  
MIAMI, FL 33172 US

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.

SIGNATURE: SILVIA VITALE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: ZITO, AIDA G  
Address: 10913 NW 30 ST STE 107  
City-St-Zip: DORAL, FL 33172

Title: P ( ) Delete  
Name: VIVACQUA, ARIEL  
Address: 10913 NW 30 ST STE 107  
City-St-Zip: DORAL, FL 33172

Title: V ( ) Delete  
Name: VITALE, SILVIA  
Address: 10913 NW 30 ST STE 107  
City-St-Zip: DORAL, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: ZITO, AIDA G  
Address: 652 NE 63 ST SUITE 404  
City-St-Zip: MIAMI, FL 33138

Title: P (X) Change ( ) Addition  
Name: VIVACQUA, ARIEL  
Address: 652 NE 63 ST SUITE 404  
City-St-Zip: MIAMI, FL 33138

Title: V (X) Change ( ) Addition  
Name: VITALE, SILVIA  
Address: 652 NE 63 ST SUITE 404  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA VITALE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date