


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90249 036 ***150.00

DOCUMENT # P01000068896 1. Entity Name KSIS AUTO TRANSPORT, INC.																																																																																																																																																																													
Principal Place of Business 2311 ROGERS RD LAKELAND, FL 33813			Mailing Address 74 MARINUS STREET ROCHELLE PARK, NJ 07662-3826																																																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 74 Marinus St. Suite, Apt. #, etc.																																																																																																																																																																										
City & State			City & State Rochelle Park, NJ																																																																																																																																																																										
Zip 07662-3826		Country USA		4. FEI Number 91-2138437																																																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																									
6. Name and Address of Current Registered Agent REHER, DEBORA C 2311 ROGERS RD LAKELAND, FL 33813																																																																																																																																																																													
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, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Debora C. Reher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Debora C. Reher, Secretary 4-25-04 <small>Date</small>																																																																																																																																																																										
			201-368-7956 <small>Daytime Phone #</small>																																																																																																																																																																										

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