
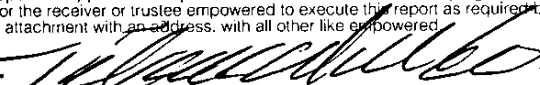


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90075 032 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P02000128367</b><br>1. Entity Name<br><b>A AND K TRANSPORT OF MIAMI, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>6253 NW 175TH TERRACE<br/>HIALEAH, FL 33015</b>  |  |   | Mailing Address<br><b>6253 NW 175TH TERRACE<br/>HIALEAH, FL 33015</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>8914 NW 181 ST</b>  |  | 3. Mailing Address<br><b>8914 NW 181 ST</b>   |   |  |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |   |  |  |
| City & State<br><b>MIAMI LAKES, FL</b>   |  | City & State<br><b>MIAMI LAKES, FL</b>  |   | 4. FEI Number<br><b>03-0495681</b>   |  |
| Zip<br><b>33018</b>  |  | Country<br><b>DADE</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RIVERA, CARLOS A<br/>6253 NW 175TH TERRACE<br/>HIALEAH, FL 33015</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8914 NW 181 ST</b><br>City<br><b>MIAMI LAKES</b> <b>FL</b> Zip Code<br><b>33018</b> |   |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>RIVERA, CARLOS A</b><br><b>6253 NW 175TH TERRACE</b><br><b>HIALEAH, FL 33015</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>8914 NW 181 ST</b><br><b>MIAMI LAKES FL 33018</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>RIVERA, CARLOS A</b><br><b>6253 NW 175TH TERRACE</b><br><b>HIALEAH, FL 33015</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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, with all other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <b>4/16/07 305-364-1154</b><br><small>Date Daytime Phone #</small>    |  |  |