


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 024 ***150.00

DOCUMENT # P04000129626 1. Entity Name K.R. TRANSPORT, INC.					
Principal Place of Business 19355 SW 304 STREET HOMESTEAD, FL 33030			Mailing Address 19355 SW 304 STREET HOMESTEAD, FL 33030		
2. Principal Place of Business 11281 S.W. 40 TERR.		3. Mailing Address 11281 S.W. 40 TERR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 90-0199236	
Zip 33165		Country MIAMI-DADE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERMEJO, JOSE 19355 SW 304 STREET HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11281 S.W. 40 TERR. City MIAMI		
FL			Zip Code 33165		
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST BERMEJO, JOSE 19355 SW 304 STREET HOMESTEAD, FL 33030		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMEJO, JOSE 19355 SW 304 STREET HOMESTEAD, FL 33030		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u>Jose Bermijo</u>			3/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		