


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90785 001 *****8.75
04-30-2007 90785 002 ***150.00

DOCUMENT # P04000156887	
1. Entity Name K.B. EXPRESS TRUCKING, INC.	

Principal Place of Business 21140 NE 12 CT MIAMI, FL 33179	Mailing Address C/O P O BOX 971577 SW ACCOUNTING INC MIAMI, FL 33197-1577
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66012048



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 20812 So Dixie Hwy. Suite, Apt. #, etc.
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03122007 Chg-P CR2E034 (12/06)

City & State Miami, FL	4. FEI Number 20-1905363	Applied For <input type="checkbox"/> Not Applicable
Zip 33189	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BELL, KENT PO BOX 971577 C/O SW ACCOUNTING INC MIAMI, FL 33197-1577		7. Name and Address of New Registered Agent Name Bell, Kent Street Address (P.O. Box Number is Not Acceptable) 21140 NE 12 CT City Miami FL Zip Code 33179	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BELL, KENT D 21140 NE 12 CT MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELL, KENT D 21140 NE 12 CT MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kent D. Bell* **4/14/07 786-859-1175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #