2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 12, 2007 08:00 AM DOCUMENT # P05000048748 **Secretary of State** 1. Entity Name KIM BOSCH TRANSPORTATION, INC. Principal Place of Business Mailing Address 17719 SW 142ND CT. 17719 SW 142ND CT. **MIAMI FL 33177 MIAMI FL 33177** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2586900 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOSCH, MARTHA M 17719 SW 142ND CT. MIAMI FL 33177 Stroot Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registered agent and title it applicable (NOTE Registared Agant signature required when reinstating) DATE. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete HHE Change Addition BOSCH, MARTHA M U00000633422 NAMI: NAMI. 17719 SW 142ND CT. 02/21/07-80062-001 158.75 STRUET ADDRESS STREET ADDIA SS MIAMI FL 33177 CHY-SI-ZIP CITY-ST-7IP TOTAL ☐ Delete ☐ Change Addition NASA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-St-7IP mi Delete 190 NAMI NAMI STREET ADDRESS STRUET ADDRESS CHY-SI-703 CHY-SI-ZIP TITLE ☐ Delete ш ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11111 Delete ☐ Change Addition NAME STREET ADDRESS STREET LADDRESS CHY-SI-ZP CHY-SI-7/P HITE ☐ Delete TITLE ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CRY-SE-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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:

02-05-07