2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000062240

1. Entity Name
KMJ TRANSPORT OF ORLANDO, INC.

Principal Place of Business	Mailing Address
19437 CHARRICE CT ORLANDO, FL 32833	19437 CHARRICE CT ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

06292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2779786	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, KEIRY
19437 CHARRICE CT
ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

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: _Keiry Fernandez_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE: 7-26-07

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, KEIRY
STREET ADDRESS	19437 CHARRICE CT
CITY-ST-ZIP	ORLANDO, FL 32833

TITLE	S
NAME	FERNANDEZ, KARRY
STREET ADDRESS	19437 CHARRICE CT
CITY-ST-ZIP	ORLANDO, FL 32833

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

7001 09523267
09/17/07--01047--008 **150.00

DO NOT WRITE IN THIS SPACE

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: _Keiry Fernandez_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/26/07   Daytime Phone #: 407-367-8337