

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023252

FILED  
Sep 17, 2009  
Secretary of State

Entity Name: K & M AUTO TRANSPORT INC.

**Current Principal Place of Business:**

10245 SW 24TH STREET  
STE D166  
MIAMI, FL 33165 US

**New Principal Place of Business:**

161 OAK DRIVE  
CLEWISTON, FL 33440 US

**Current Mailing Address:**

P O BOX 170886  
HIALEAH, FL 33017 US

**New Mailing Address:**

FEI Number: 26-2116487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAXMY'S CARRIER SERVICES  
8181 NW 36TH STREET  
STE 14A  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYES, MIRIAM Y  
Address: 10245 SW 24TH STREET STE # D166  
City-St-Zip: MIAMI, FL 33165 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM REYES

P

09/17/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date