2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35651

299 BROADWAY

City-St-Zip: NEW YORK, NY 10007

Address:

FILED Jul 13, 2005 Secretary of State

Entity Na	me: KOG TRA	ANSPORT, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
299 BROA SUITE 181 NEW YOR					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
299 BROA SUITE 181 NEW YOR					
FEI Number	: 13-3076261	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
VALDES, RICARDO C/O KOG TRANSPORT INC 2153 NW 79TH AVENUE MIAMI, FL 33122 US			2153 NW 79TH AVEN	LOURDES KRAUSE C/O KOG TRANSPORT INC. 2153 NW 79TH AVENUE MIAMI, FL 33122 US	
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LOURDES KRAUSE				07/13/2005	
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete RGEN /E, PH-C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () OSMERS, JUE 2 EAST END AV NEW YORK, N	/ENUE, PH-C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GROSSKOPF, UERDINGER S GERMANY,	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GUBLER, ROLI ALPENSTRASS SWITZERLAND	SE 11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JUERGEN OSMERS DIRE 07/13/2005