2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P9400086002 1. Entity Name V-K TRANSPORT, INC.							04-11-2005 9	0144 028 ***150	0.00	
Principal Place of Business Mailing Address										
4811 126TH DR. NO. 4811 126TH DR. NO. ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 334					1		om elok sem som som	4 8818 (BMS BMX SSI)		
2. Principal Pl	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03162005	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Number 65-0548	397	 	plied For at Applicable	
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent					
TAVIODI	TAVI OR BATRION LEGO					Name				
TAYLOR, PATRICIA I ESQ. 73 SOUTHWEST FLAGLER AVENUE STUART, FL 34994					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip Cod	θ	
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										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution					☐ Add	led to Fees				
10.		OFFICERS AND	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	S IN 11		
TITLE	P Delete T				:			☐ Change	☐ Addition	
NAME	KUNCL, VIKTOR			NAM	- 1					
STREET ADDRESS : City-St-Zip	4811-126TH DR. NO. ROYAL PALM BEACH, FL 33411				ET ADDRESS -ST-ZIP			•		
TITLE	ST	7.6.11.06.1., 1.2.0071	(Dece					☐ Change	Addition	
NAME	QUESNE	L, KAY K		NAM	1					
STREET ADDRESS	l	ERWAY RD		•	ET ADDRESS				1	
CITY-ST-ZIP	ROYAL P	ALM BCH, FL 33411			-ST- ZIP					
TIFLE NAME			☐ Đe	lete TITLE	·			☐ Change	☐ Addition	
STREET ADDRESS	1				ET ADDRESS				1	
CITY-ST-ZIP '				СПҮ	-ST-ZIP					
TITLE			☐ De	lete TITLE				☐ Change	☐ Addition	
NAME				NAM	I					
STREET ADDRESS City-St-Zip				T T	ET ADDRESS -ST-ZIP					
TITLE				 				Change	☐ Addition	
NAME		•	L De	NAM	I			Criange		
STREET ADDRESS				STRE	ET ADDRESS				ĺ	
CITY-ST-ZIP				СПУ	-ST-ZIP					
TITLE			. □ De		l l			☐ Change	Addition	
NAME STREET ADDRESS	ĺ			NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 equired 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.										