

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90030 026 \*\*\*550.00

**DOCUMENT # P98000057661**

1. Entity Name  
KCC TRANSPORT SYSTEMS, INC.



Principal Place of Business

7500 N.W. 25 STREET  
SUITE 255  
MIAMI, FL 33122

Mailing Address

7500 N.W. 25 STREET  
SUITE 255  
MIAMI, FL 33122

**50065976**



09022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0854897**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JEE, HYUNG GENE  
7500 NW 25 ST  
STE 255  
MIAMI, FL 33122

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	LEE, AUTHUR
STREET ADDRESS	1740 CLEAR CREEK DR.
CITY-ST-ZIP	FULLERTON, CA 92833
TITLE	TD
NAME	KIM, JIN W
STREET ADDRESS	16129 PROMONTORY PL.
CITY-ST-ZIP	LAMIRADE, CA 90638
TITLE	SD
NAME	JEE, HYUNG GENE
STREET ADDRESS	7500 NW 25TH ST STE 255
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-05 3-5-792-9950