


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000057661 1. Entity Name KCC TRANSPORT SYSTEMS, INC.	
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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
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09072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0854897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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09/11/07-80004-009 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/line Phone #

9707305-392-9950