FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90090 041 ***150.00

DOCUMENT	#P98000107721	1
1. Entity Name	1 10000 10 1121	

K& G LOGISTIC Services				
DO NOT WRITE I	N THIS SI	PACE		
2. Principal Place of Business 10994 NW 71st. Ct	Mailing Address	Flst. ct	-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE
City & State Park and, Florids	Purkland Florids		4. FEI Number 65 - 089 53 45 Applied For Not Applicable	
33076 Country U.S. A	Zip 33076	Country . A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WR	TE	Name K Street Address	7. Name and Address of Current Re AWDNO ERIC (P.O. Box Number is Not Acceptable)	
IN THIS SPACE		1099	NW Hst. Ct	-
	City Park	Cland	FL Zip Code 33076	
8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and title	IC KAWSI if applicable. (NOTE:	NO - Vice Registered Agent signature require	President	4/26/02
9. This corporation is eligiple to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	After May 1 Amended Make Check Payable	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRE	el	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Vice President NAME EDIC KAWANO STREET ADDRESS 10994 NW Hat Ct.	3076	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SE	PACE
TITLE VAME STREET ADDRESS CITY-ST-ZIP	i	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
IITLE NAME STREET ADDRESS SITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 11 or on an analysis of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the c

SIGNATURE:

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