2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 08:00 A Secretary of State

DOCUMENT # P9900053353 1. Entity Name R&K TRANSPORT SERVICES, CORP.						Secretary of S
Principal Plac 5440 NW 18 MIAMI, FL 3		Mailing Address 5440 NW 181 TERRACE MIAMI, FL 33055) 	NI3N (BS)) DNISI NKIJI RNIJ	F ANDRE NINDE TODA 1907 DILIPA INTERET IL 1807
				04052007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN ITIS SPA	UE I	4. FEI Number 65-0926	820	Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Re			5. Certificate of	f Status Desired	Fee Required
SANCHEZ, RAMON 5440 NW 181 TERRACE MIAMI, FL 33055					NOT W	ACE
	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and		ed office or register		, in the State of Flo	rida. I em familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar	ncing \$5,	.00 May Be ed to Fees		DATE
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE P SANCHEZ, RAMON 5440 NW 181 TERRACE	RECTORS			State of the state	The state of the s
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33055 V PEREZ, KAMIANTA 5440 NW 181 TERRACE MIAMI, FL 33055		net yet and a second	g on se	,000 ,047,197	000699532 07-80046=011 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP				and the second of the second o	NOT W	
TITLE NAME				· · · IN T	HIS SF	ACE

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:

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

 $\{A^{A_{i,j}}\}_{i=1}^{n}$

Daytime Phone #