


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90283 034 \*\*\*150.00

**DOCUMENT # P03000078193**

1. Entity Name  
**TOP SHUTTLE WEST, INC.**



Principal Place of Business      Mailing Address  
 9682 FONTAINEBLEAU BLVD #709      9682 FONTAINEBLEAU BLVD #709  
 MIAMI, FL 33172      MIAMI, FL 33172



2. Principal Place of Business      3. Mailing Address  
**8850 SW 123rd Ct.**      **8850 SW 123rd Ct.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 309**      **SUITE 309**

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**  
 Zip      Country      Zip      Country  
**33186**           **33186**           **33186**           **33186**           **33186**           **33186**           **33186**

03302005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0108015**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORREA, OSCAR A**  
**9682 FONTAINEBLEAU BLVD #709**  
**MIAMI, FL 33172**

7. Name and Address of New Registered Agent  
 Name **CORREA, OSCAR A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8850 SW 123rd Ct, Suite 309**  
 City **MIAMI**      **FL**      Zip Code **33186**

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]* **OSCAR A. CORREA**      DATE: 04/15/05

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORREA, OSCAR A</b> <b>9682 FONTAINEBLEAU BLVD #709</b> <b>MIAMI, FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CORREA, OSCAR A.</b> <b>8850 SW 123rd Ct. Suite 309</b> <b>MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **OSCAR A. CORREA**      DATE: 04/15/05      DAYTIME PHONE: 786-947-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR