
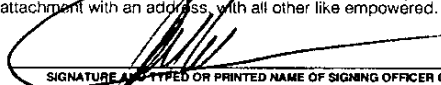


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90002 007 ***150.00

DOCUMENT # P04000088745					
1. Entity Name ALEXANDRA CHILDREN TRANSP SCHOOL BUS INC.					
Principal Place of Business 8361 S W 148 PL MIAMI, FL 33193			Mailing Address 8361 S W 148 PL MIAMI, FL 33193		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZA, JESUS M 8361 S W 148 PL MIAMI, FL 33193				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD - MEZA, JESUS M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZA, JESUS M		NAME		
STREET ADDRESS	8361 S W 148 PL		STREET ADDRESS	14786 SW 178 TR	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD - CARRILLO, ALEXANDRA D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, ALEXANDRA D		NAME		
STREET ADDRESS	8361 S W 148 PL		STREET ADDRESS	14786 SW 178 TR	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 reports 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: 			05/17/05		786-486-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #