

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000010049

1. Entity Name  
MG BUS SERVICE & TOURS, INC.



Principal Place of Business  
2685 18 AVE. SE  
NAPLES, FL 34117

Mailing Address  
2685 18 AVE. SE  
NAPLES, FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0739998

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, MARTHA  
1236 SW 118 CT.  
MIAMI, FL 33184

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD  
NAME GARCIA, MARTHA ☐ Delete  
STREET ADDRESS 1236 SW 118TH CT.  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☐ Change ☐ Addition  
NAME 100077757571  
STREET ADDRESS 07/20/06--01010--022 \*\*150.00  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME GA'MEZ, AGUSTIN  
STREET ADDRESS 14400 S. DENKER AVE.  
CITY-ST-ZIP GARDENA, CA 90247

TITLE PD ☐ Change ☒ Addition  
NAME ANDREA GÁMEZ  
STREET ADDRESS 14400 S. DENKER AVE GARDENA CALIF  
CITY-ST-ZIP 90247

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

06 JUL 17 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*[Handwritten initials]*