2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28108

City-St-Zip:

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Title:

Name:

Address:

City-St-Zip:

FILED Mar 30, 2007 Secretary of State

Entity Name: KLASSIC COACH SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7187 NO WATERWAY DRIVE MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 7187 NO WATERWAY DRIVE MIAMI, FL 33155 FEI Number: 59-2471237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE LA VICTORIA, ALBERTO 10422 SW 50 ST MIAMI, FL 33165 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DE LA VICTORIA, ALBE, RTO DE LA VICTORIA, ALBE, RTO Name: Name: 7187 N.WATERWAY DR. 7187 N.WATERWAY DR. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33155 US Title: Title: (X) Change () Addition () Delete Name: DE LA VICTORIA, JOSE, FA Name: DE LA VICTORIA, JOSE, FA 7187 N.WATERWAY DR. 7187 N.WATERWAY DR. Address: Address: MIAMI, FL MIAMI, FL 33155 US City-St-Zip: City-St-Zip: Title: Title: () Delete PD () Change (X) Addition DELAVICTORIA, ALBERTO Name: Name: 7187 N. WATERWAY DR: Address Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33155 US

MIAMI, FL 33155 US

DELAVICTORIA, JOSEFA

7187 N. WATERWAY DR;

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SIGNATURE: JOSEFA DE LA VICTORIA SEC 03/30/2007