


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90013 028 ****50.00

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DOCUMENT # M03000002939	
1. Entity Name CUSA EE, LLC dba El Expresso Bus Company	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 812 Delano	3. Mailing Address 950 McCarty Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Houston TX	City & State Houston TX
Zip 77003	Country USA
Zip 77029	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0151982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL Zip Code 32301

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operation Manager Fidel Gonzalez 812 Delano Houston TX 77029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sales manager Carlos Matamoros 812 Delano Houston TX 77029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General manager Greg Rogers 812 Delano Houston TX 77029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Pat Runckey
Asst. Secretary

4/28/05 **713-670-3246**

Date

Daytime Phone #

CR2E083B (12/02)