

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009652

Entity Name: BUS-A-KID, INC.

FILED
May 16, 2009
Secretary of State

Current Principal Place of Business:

4940 NW 179 STREET
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 17-3452
HIALEAH, FL 33017

New Mailing Address:

4940 NW 179 STREET
MIAMI GARDENS, FL 33055

FEI Number: 65-0977212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APONTE, IVETTE
4940 NW 179 STREET
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APONTE, IVETTE
Address: 4940 NW 179 STREET
City-St-Zip: CAROL CITY, FL 33055

Title: DIR () Delete
Name: MATIAS, GERARDO
Address: 4940 NW 179 STREET
City-St-Zip: CAROL CITY, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: IVETTE APONTE

PD

05/16/2009

Electronic Signature of Signing Officer or Director

Date