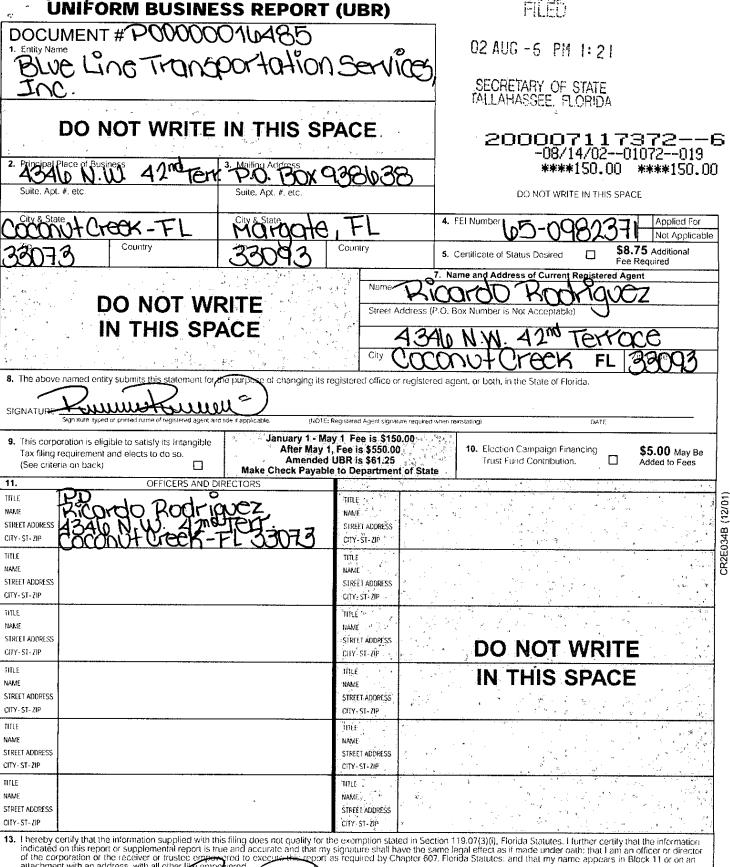
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 스



SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations an respect with my Corporation BLUE LINE TRANSPORTATION SERVICES, INC.

Thank you for your courtesy in this matter.

RICARDO RODRIGUEZ PRESIDENT

<b>.</b>	
OFFICE USE ONLY (Document #)	
EXPRESS CORPORATE FILING SERVICE INC.  (Requestor's Name)  1000 PONCE DE LEON BLVD. STE: 101  (Address)  CORAL GABLES, FL 33134 305-444-4994  (City, State, Zip) (Phone #)	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1. BLUE LINE TRANSPORTATION SERVICES, INC. (Corporation Name)	
2. (Corporation Name) 3.	(Document #)
(Corporation Name) (Document #)	
3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Rick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status	
NEW FILINGS  Profit  Amendment  NonProfit  Limited Liability  Domestication  Other  Amendment  Resignation of R  Change of Regist  Dissolution/Without  Merger	A.A., Officer/Director ered Agent
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