


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90266 015 ***150.00

DOCUMENT # P00000028845 1. Entity Name FORT LAUDERDALE SHUTTLE, INC.					
Principal Place of Business 3026 ALHAMBRA STREET #PH FT. LAUDERDALE, FL 33304			Mailing Address 3026 ALHAMBRA STREET #PH FT. LAUDERDALE, FL 33304		
2. Principal Place of Business <i>2725 SHERMAN ST.</i>		3. Mailing Address <i>2725 SHERMAN ST.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>HOLLYWOOD FL.</i>		City & State <i>HOLLYWOOD FL.</i>		4. FEI Number 59-3647286	
Zip <i>33020</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRISTMAN, MACE 3026 ALHAMBRA STREET #PH FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2725 SHERMAN STREET</i> City <i>HOLLYWOOD</i> FL Zip Code <i>33020</i>	
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 <i>Mace Tristman</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>1/11/06</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRISTMAN, MACE <input type="checkbox"/> Delete 3026 ALHAMBRA STREET, #PH FT. LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2725 SHERMAN STREET</i> <i>HOLLYWOOD FL. 33020</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mace Tristman</i> DATE <i>1/11/06</i>					