2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P00000103184

Entity Name: USA SHUTTLE AND LIMO SERVICE INC.

Current Principal Place of Business:

1799 NE 164TH ST
109
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

511 NE 175TH TERRACE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1063456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, ANSON JEAN
511 NE 175TH TERRACE
NORTH MIAMI BEACH, FL 33162 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JEAN-PIERRE, ANSON
Address: 511 NE 175 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete
Name: JEAN-PIERRE, NATHALIE
Address: 511 NE 175 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: JEAN-PIERRE, NATHALIE
Address: 511 NE 175 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T ( ) Delete
Name: JEAN-PIERRE, ANSON
Address: 511 NE 175 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: NOEL, HELIOS
Address: 1799 NE 164 STREET, SUITE 110
City-St-Zip: N MIAMI BEACH, FL 33162

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: HELIOS NOEL VP 04/30/2008

Electronic Signature of Signing Officer or Director — Date