2005 FOR PROFIT CORPORATION

FILED

5-11-05

ANNUAL REPORT				May 16, 2005 08:00 A	
DOCUMENT # P01000001748 ' * 1. Entity Name LEO'S SHUTTLE & TAXI SERVICE, INC.)	Secretary of State
		•		'	
Principal Place	e of Business M	lailing Address			
2599 HUDSO	ON AVE 2	2599 HUDSON AVE			
MERRITT ISL	AND, FL 32952	MERRITTISLAND, FL 32952			
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					BACAC IININ ABIIN ABINI MAKKI MEKIN BAJAN IINNII INAJII SIBAN 1811ABE II 1781
	A NOT WOITE II	NI TINO ODA	~	05112005 No Chg-P CR2E034 (10/03)	
D	O NOT WRITE II	N THIS SPAC	4. FEI Number Applied For 59-3703522 Not Applicable		
			5 Cartificate of Status Decired S8.75 Additional		
	6 Name and Address of Current Pogia	Harad Agant		3. Certificate	Fee Required
6. Name and Address of Current Registered Agent					
PIMENTIL 2599 HUD	, LEOPOLDO SON AVE			DO	NOT WRITE
MERRITT ISLAND, FL 32952			IN THIS SPACE		
				114	THO OF AGE
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 Sonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature or				ed when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.			noing \$5	5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME	D PIMENTIL, LEOPOLDO -				
STREET ADDRESS	2599 HUDSON AVE		1		Honnogorrano
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	<u> </u>	1		U00000366798 05/16/05-80006-025 150.00
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE		<u> </u>	1		
NAME PTREET ADDRESS				-	
STREET ADDRESS CITY-ST-ZIP			l	DO	NOT WRITE
TITLE				IN '	THIS SPACE
NAME STREET ADDRESS					
CITY-ST-ZIP		<u></u>	1		;
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	Į		
TIYLE NAME					
STREET ADDRESS			1		
12. Thereby	certify that the information sunnited with this	filing does not qualify for the exe	motion stated in S	Section 119.07(3)	(i), 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 βολ. 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. Leopoldo fintentil					

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR