2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000051183

Entity Name: AVENTURA LIMO AND BUS SERVICE, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20289 NE 15TH COURT 20289 NE 15TH COURT N MIAMI, FL 33179 NORTH MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

 20289 NE 15TH COURT
 20251 NE 15TH COURT

 N MIAMI, FL 33179
 NORTH MIAMI, FL 33179

FEI Number: 65-1142343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODMAN, NEIL M
20289 NE 15TH COURT
N MIAMI, FL 33179

GOODMAN, NEIL M
20251 NE 15TH COURT
NORTH MIAMI, FL 33179

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: 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 GOODMAN, NEIL

 Address:
 20289 NE 15TH COURT

 City-St-Zip:
 N MIAMI, FL 33179

Title: CFO () Delete

Name: SORCI, RON

Address: 20289 NE 15TH COURT City-St-Zip: N MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

 Name:
 GOODMAN, NEIL

 Address:
 20251 NE 15TH COURT

 City-St-Zip:
 NORTH MIAMI, FL 33179

Title: CFO (X) Change () Addition

Name: SORCI, RON

Address: 20251 NE 15TH COURT City-St-Zip: NORTH MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in 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 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: RON SORCI CFO 04/29/2003