


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 037 ***150.00

DOCUMENT # P01000067955 1. Entity Name RUBIDO'S BUS SERVICE, CORP.			
Principal Place of Business 1130 SW 101 AVE MIAMI FL 33174		Mailing Address 1130 SW 101 AVE MIAMI FL 33174	
2. Principal Place of Business 14618 SW 12th		3. Mailing Address 14618 SW 12th	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33184		Zip 33184	
Country USA		Country USA	
6. Name and Address of Current Registered Agent RUBIDO, CARLOS 1130 SW 101 AVE MIAMI FL 33174		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 14618 SW 12th City Miami FL Zip Code 33184	
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 <u><i>Carlos Rubido</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/13/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	PD RUBIDO, CARLOS 1130 SW 101 AVE MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14618 SW 12th MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBIDO, MARIA 1130 SW 101 AVE MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14618 SW 12th MIAMI FL 33184
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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 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 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: *Carlos Rubido (Pres)* 2/13/04 (305) 223-5639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone