2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P01000069667

Entity Name: MAXIMUS TRANSPORTATION, INC.

Current Principal Place of Business:

5209 NW 74 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66-9176
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1121398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCARIZ, MARIA T
5209 NW 74 AVENUE
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CABRERA, NELSON
Address: 9601 NW 33RD STREET
City-St-Zip: MIAMI, FL 33172

Title: VPD ( ) Delete
Name: OCARIZ, MARIA T
Address: 5209 NW 74 STREET
City-St-Zip: CORAL GABLES, FL

Title: STD ( ) Delete
Name: GONZALEZ, LAZARO RAMON
Address: 5209 NW 74 AVENUE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, LAZARO R PD
Address: 7105 NORTHWEST 53 TERRACE
City-St-Zip: MIAMI, FL 33166 US

Title: VPD (X) Change ( ) Addition
Name: OCARIZ, MARIA T
Address: 7105 NORTHWEST 53 TERRACE
City-St-Zip: MIAMI, FL 33166 US

Title: STD (X) Change ( ) Addition
Name: GONZALEZ, LAZARO R STD
Address: 7105 NORTHWEST 53 TERRACE
City-St-Zip: MIAMI, FL 33166

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: LAZARO R GONZALEZ STD 04/27/2009

Electronic Signature of Signing Officer or Director — Date