APR-14-04 WED 03:23 AM

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90028 008 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

CASTROS AIRPORT SHUTTLE & LIMOUSINE SERVICES, INC.

Principal Place of Business	Mailing Address
	4576 N.W. 41ST PLACE FORT LAUDERDALE, FL 33319

94057993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		4576 N.W. 41ST PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FORT LAUDERDALE, FL		FORT LAUDERDALE, FL 33319	
Zip	Country	Zip	Country
33319		33319	

4. FEI Number 65-1143961 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBARA FOUST 3401 N.W. 202ND STREET MIAMI, FLORIDA 33056-1722	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT WILNER CASTELIN 4576 N.W. 41ST PLACE FORT LAUDERDALE, FL 33319	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change / Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change / Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change / Addition

CR2E034 (9/99)

13. 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 11 ~~or Block 12 if changed~~, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILNER CASTELIN 4/8/2004 954-766-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #