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
Suite, Apt. #, etc.	4576 N.W. 41ST PLACE Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL 33319
Zip: 33319 / Country	Zip: 33319 / Country

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

BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI, FLORIDA 33056-1722

7. Name and Address of New Registered Agent

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
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	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
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	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

CRZE034 (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: WILNER CASTELIN — 4/8/2004 — 954-766-7999

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