

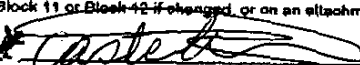
FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90028 008 ***150.00

UNIFORM BUSINESS REPORT (UBR)

94057993

DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business		3. Mailing Address 4576 N.W. 41ST PLACE	
Suite, Apt. #, etc.		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			
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		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 42 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		WILNER CASTELIN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/8/2004 Daytime Phone #: 954-766-7999	

CR2004 (999)