2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# P02000034490

Entity Name: BRICKELL KIDZ BUS SERVICE, INC.

Current Principal Place of Business:

1835 SW 12 AVE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1835 SW 12 AVE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 02-0594936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FERNANDEZ, RAISA P
1835 SW 12 AVE
MIAMI, FL 33129 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: D/P ( ) Delete
Name: FERNANDEZ, RAISA P
Address: 1835 SW 12 AVE
City-St-Zip: MIAMI, FL 33129

Title: D/VP ( ) Delete
Name: FERNANDEZ, ALEJANDRO
Address: 1835 SW 12 AVE
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: FERNANDEZ, RAISSA
Address: 1020 S.W. 7TH. STREET APT. 9
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete
Name: FERNANDEZ, ALEISSA
Address: 1610 N.W. N. RIVER DRIVE APT. . 209
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: FERNANDEZ, JR, ALEJANDRO
Address: 1835 S.W. 12 AVE.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change ( ) Addition
Name: FERNANDEZ, RAISSA
Address: 1020 S.W. 7TH. STREET APT. 9
City-St-Zip: MIAMI, FL 33130

Title: D/T (X) Change ( ) Addition
Name: FERNANDEZ, ALEISSA
Address: 1610 N.W. N. RIVER DRIVE APT. #209
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAISA P. FERNANDEZ D/P 04/08/2008

Electronic Signature of Signing Officer or Director — Date