

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2004-90001-009-\$150.00-\$150.00

DOCUMENT # P02000039699 1. Entity Name BUS U.S.A. INC.				FILED 04 SEP 29 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 54070582	
Principal Place of Business 1009 K. NORTH HOAGLAND BLVD. KISSIMMEE, FL 34741		Mailing Address 1009 K. NORTH HOAGLAND BLVD. KISSIMMEE, FL 34741			
2. Principal Place of Business KISSIMMEE		3. Mailing Address 1009 K. NORTH HOAGLAND BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State KISSIMMEE FLA			
Zip 34741		Country OSGOLD		Zip 34741	
Country OSGOLD		Country OSGOLD		08182004 Chg-P CR2E034 (10/03)	
4. FEI Number APPLIED FOR 57-1151005		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGUERIN, CARLOS 1009 K. NORTH HOAGLAND BLVD. KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REGUERIN, CARLOS	<input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1009 K. NORTH HOAGLAND BLVD.	<input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			08-21-04 407-908-0619		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		