

2006

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 032 ***150.00

DOCUMENT # P02000082521	
1. Entity Name	
Airport Super Express, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8961 S.W. 4th Ln.	8961 S.W. 4th Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50017293

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Miami, FL	Miami, FL	02-0635461	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33174	USA	<input type="checkbox"/>	
		33174	USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Mota, Mario

Street Address (P.O. Box Number is Not Acceptable)
8961 S.W. 4th Ln.

City
Miami

FL Zip Code
33174

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/S/T	TITLE	
NAME	Mota, Mario	NAME	
STREET ADDRESS	8961 S.W. 4th Ln.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33174	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Mota

4-25-06

305-281-6852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #