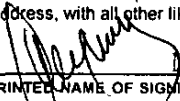


2007

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

**FILED
Apr 25, 2007 8:00 am
Secretary of State**

04-25-2007 90203 018 ***150.00

DOCUMENT # P02000082521					
1. Entity Name Airport Super Express, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 8961 S.W. 4th Ln. <small>Suite, Apt. #, etc.</small>			3. Mailing Address 8961 S.W. 4th Ln. <small>Suite, Apt. #, etc.</small>		
City & State Miami, FL			City & State Miami, FL		
Zip 33174	Country USA	Zip 33174	Country USA	4. FEI Number 02-0635461	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Mota, Mario 8961 S.W. 4th Ln. Miami, FL 33174		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		
			305-281-6852		

40081759

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)