2005 FOR PROFIT CORPORATION

May 03, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P03000047244** 05-03-2005 90163 007 ***150.00 1. Entity Name MARÍA GAMBOA BUS SERVICES, INC Principal Place of Business Mailing Address 8035 NW 170TH STREET 8035 NW 170TH STREET MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 55-0829192 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAria Gamboa CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 8035 NW 170TH STreet City Zip Code 330/5 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D TITLE Change Addition TITLE ☐ Delete GAMBOA, MARIA NAME NAME 8035 NW 170TH STREET STREET ADDRESS STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME RODRIGUEZ, MISAEL NAME STREET ADDRESS 8035 NW 170TH STREET STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ 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 eath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

MAria GAMBOA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME STREET ADDRESS

CITY-ST-ZIP

FILED