

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 034 ***150.00

DOCUMENT # P03000078193

1. Entity Name
TOP SHUTTLE WEST, INC.



Principal Place of Business
**9682 FONTAINEBLEAU BLVD #709
MIAMI, FL 33172**

Mailing Address
**9682 FONTAINEBLEAU BLVD #709
MIAMI, FL 33172**

2. Principal Place of Business
8850 SW 123rd Ct.

3. Mailing Address
8850 SW 123rd Ct.

Suite, Apt. #, etc.
Suite 309

Suite, Apt. #, etc.
Suite 309

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Country

Zip
33186

Country

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0108015

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORREA, OSCAR A
9682 FONTAINEBLEAU BLVD #709
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name **CORREA, OSCAR A.**

Street Address (P.O. Box Number is Not Acceptable)

8850 SW 123rd Ct, Suite 309

City **MIAMI**

FL

Zip Code **33186**

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 **OSCAR A. CORREA**

04/15/05

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CORREA, OSCAR A**
STREET ADDRESS **9682 FONTAINEBLEAU BLVD #709**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **CORREA, OSCAR A.**
STREET ADDRESS **8850 SW 123rd Ct. Suite 309**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **OSCAR A. CORREA**

04/15/05

786-942-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #