

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077131

Entity Name: EZ TRAILS BUS LINES, INC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

9572 SYDNEY HAYES RD STE 102  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

2150 NW 23 CT APT 3  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 20-0809990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCHILLON, PABLO  
2150 NW 23 CT  
APT.#3  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

LA COLONIAL TRAVEL & MULTISERVICES  
2289 NW 28 ST  
MIAMI, FL 33142 US

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.

SIGNATURE: EZEQUIEL MOJICA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUCHILLON, ANTONINA  
Address: 2150 NW 23 CT  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete  
Name: BUCHILLON, PABLO  
Address: 2150 NW 23 CT  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONINA BUCHILLON

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date