


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000088745 1. Entity Name ALEXANDRA CHILDREN TRANSP SCHOOL BUS INC.	
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Principal Place of Business 8361 S W 148 PL MIAMI, FL 33193	Mailing Address 8361 S W 148 PL MIAMI, FL 33193
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01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0181124	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

6. Name and Address of Current Registered Agent

**MEZA, JESUS M
8361 S W 148 PL
MIAMI, FL 33193**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEZA, JESUS M 14786 SW 178 TR MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRILLO, ALEXANDRA D 14786 SW 178 TR MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/09/06-80075-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/07/06** + 786-486-0519 Daytime Phone #