2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 27, 2006 8:00 am
Secretary of State
05-09-2006 90091 037 ***150.00

DOCUMENT # P05000089003

1. Entity Name
ELI SCHOOL BUS SERVICE, INC.

Principal Place of Business	Mailing Address
8175 NW 8 ST.	8175 NW 8 ST.
A1	A1
MIAMI, FL 33126	MIAMI, FL 33126

04282006 Chg-P CR2E0

2. Principal Place of Business	3. Mailing Address
8175 NW 8 St	SAME
Suite, Apt. #, etc. #A-1	Suite, Apt. #, etc. SAME
City & State Miami. Fl. 33126	City & State SAME
Zip 33126 Country USA	Zip SAME Country SAME

4. FEI Number 56252 0512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, MICHAEL
5350 NW 114 AVE.
303
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 EHarps. 4/29/06.
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARPS, EVELYN T		NAME	
STREET ADDRESS	8175 NW 8 ST. #A1		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SACZEK-ROMASZEWICZ, CARLOS		NAME	
STREET ADDRESS	8175 NW 8 ST. #A1		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Evelyn T. Harps / EHarps 4/29/06 786.488.1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #