## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000089003

Entity Name: ELI SCHOOL BUS SERVICE, INC

FILED Mar 02, 2009 Secretary of State

Entity Nai	me: ELISCH	OOL BUS SERVICE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8175 NW 8 A1 MIAMI, FL					
Current Mailing Address:			New Mailing Address	<b>::</b>	
8175 NW 8 A1 MIAMI, FL					
FEI Number:	: 56-2520512	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PEREZ, MICHAEL 5350 NW 114 AVE. 303 MIAMI, FL 33178 US			HARPS, EVELYN T 8175 NW 8TH STREE SUITE A1 MIAMI, FL 33125 US	Т	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: EVELYN T HARPS				03/02/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( HARPS, EVEL 8175 NW 8 ST MIAMI, FL 33	T. #A1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EVELYN T HARPS P 03/02/2009