2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105796

DE LEON, MARIA C

15821 SW 103 LANE

MIAMI, FL 33196 US

Name:

Address:

City-St-Zip:

FILED Jul 20, 2006 Secretary of State

Entity Name: CASTILLO SCHOOL TRANSPORTATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 15821 SW 103 LANE MIAMI, FL 33196 **Current Mailing Address: New Mailing Address:** 15821 SW 103 LANE MIAMI, FL 33196 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASTILLO, JOSE L DIAZ, OSVALDO J 15821 SW 103 LANE 7951 SW 40 STREET SUITE 206 MIAMI, FL 33196 MIAMI, FL 33155 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: OSVALDO J DIAZ 07/20/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition CASTILLO, JOSE L Name: Name: 15821 SW 103 LANE Address: Address: City-St-Zip: MIAMI, FL 33196 US City-St-Zip: Title: VΡ Title: () Change () Addition (X) Delete ALARD, LOURDES M Name: Name: 15821 SW 103 LANE Address: Address: MIAMI, FL 33196 US City-St-Zip: City-St-Zip: Title: Title: () Delete **PSVT** (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

DE LEON, MARIA C

15821 SW 103 LANE

MIAMI, FL 33196 US

SIGNATURE: MARIA C DE LEON PVST 07/20/2006