## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # P05000138616  1. Entity Name A+SCHOOL BUS TRANSPORTATION, INC							04-27-200	90206 0	06 ***150	).00	
Principal Place of Business 13213 SW 51 STREET SUITE 1 MIRAMAR, FL 33027 US		Mailing Address 13213 SW 51 STREET SUITE 1 MIRAMAR, FL 33027									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04252007	Chg-P	CR2E	034 (12/06)		
City & State		City & State	City & State			4. FEI Numb			}	oplied For	
Zip	Country	Zip	Zip Count		v		of Status Desire	d 🗆	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				ļ., ·		7. Name and	d Address of Ne	w Registered	· · · · · · · · · · · · · · · · · · ·		
MILLER, ROSA					Name						
13213 SW 51 STREET MIRAMAR, FL 33027				Street Address (P.O. Box Number is Not Acceptable)							
				City	7-4-		7.17.12	FL	Zip Cod	le	
8. The above	named entity submits this statement t	or the purpose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State o		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, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND		11.		1000		/CHANGES TO (	OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, ROSA 13213 SW 51 STREET MIRAMAR, FL 33027	☐ Delete		I	PV1 M14 132	UL, Ros	a II syelet	<b>-</b>	Change	Addition	
TITLE	VP	<b>™</b> Delete	TITLE		77117	CHINAR,	FL. 3302	<u>/</u>	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ZAPATA, JOSE J 13213 SW 51 STREET MIRAMAR, FL 33027	EL DOIGIC	NAM STRE						C Grange	[] Auditori	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE			142-0	-		Change	Addition	
CITY-ST-ZIP				-ST-ZIP				· ·		<u>-</u>	
NAME		Delete	TITLE	I					☐ Change	☐ Addition	
STREET ADDRESS City-St-zip				ET ADORESS -ST-ZIP							
TITLE		☐ Delete	HTLE	1					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE	1		<del></del>			☐ Change	☐ Addition	
NAME STREET ADDRESS			nam Stre	ie Eet address							
CITY-ST-ZIP	Cartify that the information supplied with	th this filling does not qualify to		-ST-ZIP	ontoine -	Lin Charter 11	B. Clorida Ctata		etitu shara da : 1		
12. I hereby certify that the information supplied with this filling 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.											
SIGNAT		BRINTED NAME OF A SOURCE OF	00 505			0	425 07		4-554	r-2325	
1	SIGNATURÉ AMOTYFED OR	PRINTED NAME OF SIGNING OFFICER	UK UIRECT	IUK			Date		Daytime Phone #		