


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 003 ***163.75

DOCUMENT # P05000150852					
1. Entity Name FRANKLIN BUS, CORP.					
Principal Place of Business 1691 SW 14TH TERRECE MIAMI, FL 33145			Mailing Address 1691 SW 14TH TERRECE MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 1691 SW 14TH TR -		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05152008 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State		4. FEI Number 20-3781864	
Zip 33145		Country Dade		Applied For Not Applicable	
Zip 33145		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAEZ, FRANKLIN 1691 SW 14TH TERRECE MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <u>Franklin Baez</u> Street Address (P.O. Box Number is Not Acceptable) <u>1691 SW 14TH TR</u> City <u>Miami FL</u> FL Zip Code <u>33145</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAEZ, FRANKLIN 1691 SW 14TH TERRECE MIAMI, FL 33145	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Franklin Baez</u> 5/21/08 305 854 0084		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		