

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000072244	
1. Entity Name ANGELES SCHOOL BUS SERVICE, INC.	

Principal Place of Business 11501 SW 82 TERR. MIAMI, FL 33173	Mailing Address 11501 SW 82 TERR. MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4922834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FIGUEROA, CARIDAD 11501 SW 82 TERR. MIAMI, FL 33173
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
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)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEROA, CARIDAD 11501 SW 82 TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUEROA, BIENVENIDO 11501 SW 82 TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEROA, CARIDAD 11501 SW 82 TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUEROA, BIENVENIDO 11501 SW 82 TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/08-80048-023 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date _____ Daytime Phone # _____