


2003 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90031 022 ***150.00

DOCUMENT # P06000132880					
1. Entity Name C & G SHUTTLE EXPRESS, INC.					
Principal Place of Business 1441 MIAMI RD APT. 3 FT. LAUDERDALE, FL 33316			Mailing Address 1441 MIAMI RD APT. 3 FT. LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # 9958 NOB HILL LN.		3. Mailing Address 9958 NOB HILL LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL.		City & State Sunrise, FL.		4. FEI Number 20-5765515	
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUDELO, GERLEY A 1441 MIAMI RD APT. 3 FT. LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME AGUDELO, GERLEY A		TITLE PD	NAME Gerley Agudelo	
STREET ADDRESS 1441 MIAMI RD., APT. 3	CITY-ST-ZIP FT. LAUDERDALE, FL 33316		STREET ADDRESS 1250 MIAMI RD APT 2	CITY-ST-ZIP Ft. Lauderdale, FL. 33316	
TITLE VD	NAME RODRIGUEZ, CARLOS A		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 9958 NOB HILL LN	CITY-ST-ZIP SUNRISE, FL 33351		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Gerley Agudelo</i>			3-4-08 754-2044879		
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			<small>Date Daytime Phone #</small>		