

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 043 \*\*\*150.00

<b>DOCUMENT # P07000045108</b> 1. Entity Name <b>SENIOR'S TRANSPORTATION SERVICES, INC.</b>					
Principal Place of Business <b>16041 SW 110 ST MIAMI, FL 33196</b>			Mailing Address <b>16041 SW 110 ST MIAMI, FL 33196</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>20-8790665</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>CRUZ, YOEL 16041 SW 110 ST MIAMI, FL 33196</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRUZ, YOEL</b> <b>16041 SW 110 ST</b> <b>MIAMI, FL 33196</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRUZ, LORAIMIS</b> <b>16041 SW 110 ST</b> <b>MIAMI, FL 33196</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b>			<b>YOEL CRUZ</b> <b>President</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>03/31/08</b> Daytime Phone # <b>(305) 383-5073</b>		

ATTACHMENT

SENIOR TRANSPORTATION SERVICES, CORP,  
16041 SW 110 STREET  
MIAMI, FLORIDA 33196

40103958

REF: ANNUAL REPORT 2008  
DOC. #P07000045108

GENTLEMEN:

PLEASE, I WOULD LIKE THAT YOU ACCEPT MY ANNUAL REPORT 2008 AND PAYMENT OF \$150.00  
THE REASON IS THAT I NEVER RECEIVED COMMUNICATION FOR THIS PAYMENTS, AND IT IS MY  
FIRST BUSINESS IN STATE OF FLORIDA.

I APOLOGIZE THE INCONVENIENT, IF YOU NEED ANY QUESTION PLEASE LET ME NOW.

SINCERELY YOURS,

YOEL CRUZ  
PRESIDENT