

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000084706

1. Entity Name  
EXCLUSIVE TRANSPORTATION SYSTEMS, INC.



Principal Place of Business  
8100 NW 29 STREET  
MIAMI, FL 33122

Mailing Address  
PO BOX 522771  
MIAMI, FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0453683

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name *VALDES, RUBEN*

Street Address (P.O. Box Number is Not Acceptable)

*11451 NW 36th Av*

City

*Miami*

FL

Zip Code *33167*

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P VALDES, RUBEN	<input type="checkbox"/> Delete	TITLE <i>Valdes, Ruben</i> STREET ADDRESS CITY-ST-ZIP <i>11451 NW 36th Av Miami - FL 33167</i>
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ruben Valdes*

*4/20/06*

*305-641-1188*

Date

Daytime Phone #

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90438 035 \*\*\*150.00

