
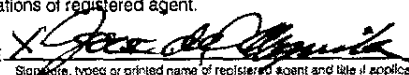
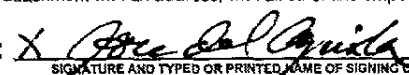


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000085221		
1. Entity Name DEL AGUILA BUS SERVICE, INC.		
Principal Place of Business 7520 SW 57TH AVE, STE. D SOUTH MIAMI, FL 33143 US	Mailing Address 7520 SW 57TH AVE, STE. D SOUTH MIAMI, FL 33143 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEL AGUILA, JOSE JR. 7520 SW 57TH AVE, STE. D SOUTH MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE
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) _____ Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL AGUILA, JOSE 825 LISBON STREET CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL AGUILA, SILVIA 825 LISBON STREET CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL AGUILA, JOSE S. SR. 825 LISBON STREET CORAL GABLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		Date 1-23-06 (305) 446-6001 Daytime Phone #



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0545804** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

UN00000404985
02/07/06-80010-022 158.75

**DO NOT WRITE
IN THIS SPACE**