

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087969

FILED
Apr 28, 2009
Secretary of State

Entity Name: CLASSIC KIDS TRANSPORTATION, INC.

Current Principal Place of Business:

18430 SW 4 STREET
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

18459 PINES BLVD. STE. #313
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

18430 SW 4 STREET
PEMBROKE PINES, FL 33029 US

New Mailing Address:

18459 PINES BLVD. STE. #313
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0664328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIDAL, ROSA MARINA
18430 SW 4TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

VIDAL, ROSA M
18459 PINES BLVD. STE. #313
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: FLORENCIO B. VIDAL

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VIDAL, ROSA MARINA
Address: 18430 SW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P () Delete
Name: FLORENCIO B. VIDAL
Address: 18430 SW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPT () Delete
Name: MANUEL, SANCHEZ
Address: 20871 NW 14TH STREET
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VIDAL, ROSA M
Address: 18459 PINES BLVD. STE. #313
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P (X) Change () Addition
Name: VIDAL, FLORENCIO B
Address: 18459 PINES BLVD. STE. #313
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPT (X) Change () Addition
Name: MANUEL, SANCHEZ
Address: 18459 PINES BLVD. STE. #313
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCIO B. VIDAL

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date